

The Delegation of Parental Authority (DOPA) form is on the next 2 pages. After you fill out your form:

- **DO NOT sign or date the form right away.**

You need to sign and date your DOPA in front of a notary public. Bring your photo ID because the notary public will need to check it.

Your attorney-in-fact does NOT need to sign it in front of a notary. They do need to sign it before using it though.

- **Make copies AFTER the form is signed.**

Make copies of your form after the notary signs and stamps it. Keep one copy for your records and give the original to your Attorney-in-Fact.

- **For more information:**

Read the Delegation of Parental Authority (DOPA) fact sheet at
<http://bit.ly/2mxf47>.

DELEGATION OF PARENTAL AUTHORITY (DOPA)
Delegation of Powers by Parent Minn. Stat. § 524.5-211

STATE OF MINNESOTA)
) ss.
COUNTY OF _____)

1. My name is _____.
(*your name*)

I am the parent of _____.
(*your child's name*)

My child's birthdate is _____.
(*your child's birthday*)

2. I appoint _____, to be my legal Attorney-in-Fact to have parental authority over my child, _____.

Note: Attorney-in-Fact is what the person you name to care for your child is called. That person does not have to be an attorney.

This DOPA lasts: (*check one*)

- For one year from the date of my signature
OR
- until _____, (*fill in date*) which is less than one year following the date of my signature.

3. This DOPA gives my Attorney-in-Fact permission to care for and make decisions about my child named above. These decisions include, but are not limited to:

- a. Getting medical treatment for my child
- b. Enrolling my child in school
- c. Providing a home, care, and supervision of my child

4. This DOPA does not give my Attorney-in-Fact permission to consent to the marriage or adoption of my child.

5. I understand that by law I have to give or mail a copy of this document to any other parent within 30 days of signing it unless:

- a. The other parent does not have parenting time rights or has supervised parenting time rights
OR
- b. There is an existing Order for Protection in effect against the other parent to protect me or my child.

[SIGNATURES ON FOLLOWING PAGE – Page 2]

SIGNATURES

I swear that everything I have stated in this document is true and correct.

Parent or Guardian:

Date: _____

(sign your name)

(print your name)

Subscribed and sworn to before me

this _____ day of _____, 20____.

Notary Public

Attorney-in-Fact: (*the Attorney-in-Fact does not have to sign in front of a notary*)

I accept the responsibilities of Attorney-in-Fact for _____.
(*child's name*)

Date: _____

(*Attorney-in-Fact signature*)

(*Attorney-in-Fact printed name*)