

# INSTRUCTIONS FOR COMPLETING THE TEMPORARY DELEGATION OF PARENTAL POWERS

## BODY OF DELEGATION:

- Enter your full name.
- Enter the city where you live.
- Enter the full name of the person to whom you are appointing parental powers.
- Enter the address, city and state where the person you are appointing resides.
- Enter the full name of the child for whom you are delegating your parental powers.
- Enter the child's date of birth (month, day, and year).
- Enter the full name of the person to whom you are appointing parental powers each of the next three spaces.

I,  of   
(your full name) (city where you reside)  
Nebraska, do make and appoint  of  
  
(full name of person being appointed) (address, city and state where person being appointed resides), to act for me and in  
my name to exercise all my powers regarding the care, custody and property of  
 born   
(child's full name) (child's date of birth)  
except my power to consent to marriage and adoption of the child. I hereby give  
 full authority and power to do everything  
(full name of person being appointed)  
necessary to be done, as fully as I could or might do if personally present, for a period  
not exceeding six months beyond this date. I confirm and ratify all lawful acts done, or  
caused to be done by  acting under this  
(full name of person being appointed)  
Delegation of Powers regarding the care, custody and property of my child. This  
Delegation of Parental Powers may be revoked by me at any time before the expiration of  
this six-month period by written notice to  at the  
(name of person being appointed)  
address above.

## SIGNATURE BLOCK:

- ONLY WHEN YOU ARE BEFORE A NOTARY PUBLIC**, on the first line sign your full name
- Enter the date that you are signing temporary delegation.
- Print your first, middle and last names.
- Enter your street address/P.O. Box.
- Enter your City, State and Zip Code.
- Enter your phone number including area code.
- Enter your email address (if any)
- IF this is being completed by an attorney, enter your bar number and firm name.

<input type="text" value="h."/>	<input type="text"/>	<input type="text" value="i."/>	Date	<input type="text"/>
<input type="text" value="j."/>	Signature	<input type="text" value="k."/>	<input type="text"/>	<input type="text"/>
<input type="text" value="o."/>	Name	<input type="text" value="l."/>	Street Address/P.O. Box	<input type="text"/>
<input type="text" value="m."/>	Bar Number and Firm Name (attorneys only)	<input type="text" value="n."/>	City/State/ZIP Code	<input type="text"/>
	Phone		E-mail Address	<input type="text"/>

## VERIFICATION

***This form must be signed and sworn to in the presence of a notary public. You must bring a photo identification for the notary to verify your identity.***

- p. In the blank following "I" print your first, middle, and last names.

In the presence of a Notary Public, you will sign your name and swear under oath that everything in the temporary delegation is a true statement.

The foregoing instrument was acknowledged before me by  this  
(Name of person certifying above)