

COMPLETING THE TEMPORARY DELEGATION OF PARENTAL POWERS

These forms are NOT filed with the court – Keep them in a safe place.

Use this form to give power of attorney (authority) to another person regarding the care, custody and/or property of your child or ward. (This does not allow the person to consent to marriage or adoption of the child.)

The Temporary Delegation of Parental Powers is valid for six-months. After the six-month period, you will need to complete a new form.

Page 1 of 1

Enter your full name.

Enter the address of the person you are appointing.

Enter the full name of the person you are appointing.

Enter the name and date of birth of the child.

Sign and date the form. Enter your printed name, your address, telephone number, and your email address.

If you are an attorney, enter your Bar Number.

The notary will complete this section WHEN they witness you signing the form.

TEMPORARY DELEGATION OF PARENTAL POWERS

I, _____ of _____
(your full name) (city where you reside)
Nebraska, do make and appoint _____
(full name of person being appointed)
_____, to act for me and in
(address, city and state where person being appointed resides)
my name to exercise all my powers regarding the care, custody and property of
(child's full name) born _____
(child's date of birth)
except my power to consent to marriage and adoption of the child. I hereby give
(full name of person being appointed) full authority and power to do everything
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
(full name of person being appointed)
address above.

Signature: _____ Date: _____
Printed Name: _____
Street Address/P.O. Box: _____
City/State/ZIP Code: _____
Telephone Number: _____
Email address: _____

If completed by an attorney:
Bar Number: _____

State of _____)
County of _____) ss.

The foregoing instrument was acknowledged before me by _____, this
(Name of person certifying above)
_____ day of _____, _____
Day Month Year Notary Public: (signature of person taking acknowledgment)

(title or rank) (serial number, if any) My commission expires: _____