

TEMPORARY DELEGATION OF PARENTAL POWERS

I, _____ of _____, Nebraska, do make and appoint _____ of _____, to act for me and in my name to exercise all my powers regarding the care, custody and property of _____, born _____, except my power to consent to marriage and adoption of the child. I hereby give _____ 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 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 address above.

Signature _____ Date _____

Name _____ Street Address/P.O. Box _____

Bar Number and Firm Name (attorneys only) _____ City/State/ZIP Code _____

Phone _____ E-mail Address _____

State of _____)
County of _____) ss.

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

Day _____ Month _____ Year _____ Notary Public (signature of person taking acknowledgment)

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