

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: An 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. Authorize national and/or international travel
- d. 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)