

TEMPORARY GUARDIANSHIP AFFIDAVIT

STATE OF

COUNTY OF

, , residing at , , , declare that the of the minor child or children listed below:

Name	Date of Birth	Gender	Place of Birth
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CAUSE FOR TEMPORARY GUARDIANSHIP

The need for temporary guardianship arose due to the "legal guardian" .

In order to properly care for , will ensure the nutrition, health, shelter, and physical safety of the child.

hereby appoint and duly authorize , residing at , , , to exercise concurrently any and all rights and responsibilities, and to perform any and all acts deemed necessary and appropriate for a temporary Guardian of a minor child or children including the following:

HEALTH AND EMERGENCY MEDICAL CARE

EDUCATION

TRAVEL

LIMITATIONS

The temporary Guardian is NOT authorized to do or perform the following:

hereby declare and certify that the following statements are accurate to the best of knowledge:

- That there are no court orders currently in effect that would prohibit me/us from exercising or conferring the aforementioned rights and authority upon the herein named Temporary Guardian. *(In the event that the Authorizing Party is a court appointed legal guardian or custodian to the aforementioned minor child or children, then a copy of said court order for such appointment should be attached hereto.)*
- That I freely and knowingly confer the above-mentioned rights and responsibilities in order to provide for the minor child or children and not as a result of pressure, threats or payment by any person or agency.
- That the person(s) we are nominating as Temporary Guardian(s) will faithfully and honestly discharge the duties conveyed hereby and act in the best interest of my/our child/children without any ulterior motive.
- That the person(s) we are nominating as Temporary Guardian(s) have never been the subject of a report or investigation into the maltreatment or abuse of a minor, or been convicted for those offenses; and that no one residing in (their) household has ever been the subject of a report or investigation for maltreatment or abuse of a minor or ever been convicted of those offenses.
- In the event that I wish to amend or revoke this Temporary Guardianship, I will provide a copy of the amended affidavit or

revocation to all parties to whom I provided a copy of the original affidavit.

Temporary Guardianship shall become effective on and shall remain in full force and effect until , or until such time as, as the appointing , notify the designated temporary guardian(s) in writing that this document has been amended or revoked.

BE IT KNOWN, under the penalty of perjury, hereby affirm that the above statements are true and correct to the best of my knowledge.

Signature:

Date:

Authorizing :

Telephone Number:

WITNESSES TO AUTHORIZING PARTY SIGNATURE

(To be signed by persons over the age of 18 who are not the designated guardian/agent)

TEMPORARY GUARDIAN ACKNOWLEDGMENT

, , declare that at least 18 years of age. understand that may, without obtaining further consent from a parent, legal custodian, or legal guardian of the minor child or children, exercise concurrent power relative to the minor child or children, except those powers prohibited above. However, may not knowingly make a decision that knowingly conflicts with the decision of the minor child or children's parent, legal guardian, or legal custodian.

I/We hereby swear or affirm to faithfully and honestly discharge the duties of guardianship conveyed to me/us by this appointment and to discharge such duties motivated solely by the best interests of the child/children left under my/our care.

I/We further swear or affirm that I/we have never been the subject of a report or investigation relating to the maltreatment or abuse of a minor, and that I/we have no criminal record relating to those offenses or any other felony conviction. I/We also swear or affirm that no one residing in our household has been the subject of a report or investigation relating to the maltreatment or abuse of a minor to the best of my/our knowledge.

understand that, if the affidavit is amended or revoked, must provide the amended affidavit or revocation to all parties to whom have provided this affidavit prior to further exercising any rights or responsibilities under the affidavit.

Under penalty of perjury, hereby affirm that the above statements are true and correct to the best of knowledge.

Signature

Date

Temporary Guardian(s):

Telephone Number:

NOTARIZATION OF AUTHORIZING PARTY'S SIGNATURE

STATE OF

COUNTY OF

On this date, _____, before me, the undersigned notary public, and personally appeared, and provided satisfactory evidence of identification (Driver's License; Passport; etc.), to be the persons whose names are signed on the foregoing instrument, and swore under the penalty of perjury that the foregoing statements are true.

Notary

Signature:

My Commission

Expires:

IMPORTANT INFORMATION, PLEASE READ:

This TEMPORARY GUARDIANSHIP AFFIDAVIT is not meant to be used as a standalone document when filing for a guardianship petition in court. Guardianship forms are state specific legal documents that must meet the requirements for your state. If you would like more information about these forms please visit the following link: <https://formswift.com/guardianship-forms>. The purpose of this form is to assist parents or legal guardians who wish to grant a temporary guardian the ability to care for their minor children for a period of time not to exceed six (6) months.

If instead you wish to appoint a permanent guardian for your minor children in case of death, please use the form entitled APPOINTMENT OF GUARDIAN FOR MINOR CHILDREN. Or, if you wish to file a guardianship petition with the court for appointment of a permanent guardian of the person, property, or both, for your minor children or for a disabled adult, then please use the form entitled GUARDIANSHIP AFFIDAVIT.

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