The Delegation of Parental Authority (DOPA) form is on the next 2 pages. After you fill out your form:

## DO NOT sign or date the form right away.

You need to sign and date your DOPA in front of a notary public. Bring your photo ID because the notary public will need to check it.

Your attorney-in-fact does NOT need to sign it in front of a notary. They do need to sign it before using it though.

## • Make copies AFTER the form is signed.

Make copies of your form after the notary signs and stamps it. Keep one copy for your records and give the original to your Attorney-in-Fact.

#### • For more information:

Read the Delegation of Parental Authority (DOPA) fact sheet at <a href="http://bit.ly/2mxfa47">http://bit.ly/2mxfa47</a>.

# **DELEGATION OF PARENTAL AUTHORITY (DOPA)**

Delegation of Powers by Parent Minn. Stat. § 524.5-211

STA	TE OF MINNESOTA	)		
cou	NTY OF	) ss. )		
1.	My name is	(your name)		
	Lam the parent of	(your name)		
	My child's birthdate is	(your child's name) (your child's birthday)	<del></del>	
		(your child's birthday)		
2.	I appoint		, to be my legal Attorney-	
	in-Fact to have parent	l authority over my child,	·	
Note	: Attorney-in-Fact is what th an attorney.	e person you name to care for your o	child is called. That person does not have to be	
Thic	DOPA lasts: (check one)			
	For one year from th	e date of my signature		
_	OR	s date or my signature		
	until	, (fill in date) <b>w</b>	which is less than one year following	
	the date of my signa			
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. 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.	<del>-</del>	nderstand that by law I have to give or mail a copy of this document to any other parent thin 30 days of signing it unless:		
	a. The other parent	does not have parenting time	rights or has supervised parenting	

[SIGNATURES ON FOLLOWING PAGE – Page 2]

b. There is an existing Order for Protection in effect against the other parent to protect

time rights

me or my child.

### **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	t have to sign in front of a notary)
I accept the responsibilities of Attorney-in-Fact	for (child's name)
Date:	·
Date:	(Attorney-in-Fact signature)
	(Attorney-in-Fact printed name)