



Delegation of Parental Authority (DOPA)

What is a Delegation of Parental Authority (DOPA)?

A Delegation of Parental Authority (DOPA) is a document that lets someone take care of your children when you can't. The person you give this permission to is called an "Attorney-in-Fact."

A DOPA gives permission for someone else to make decisions about your child. It is the same as if you made the decision yourself. This means that someone with a DOPA can take your child to the doctor for medical treatment. They can also excuse the child from school for things like illnesses, medical appointments, or other issues. A DOPA does not give permission to decide things like adoption or marriage.

A DOPA does not take away any your rights to make decisions for your children. You can still override any decisions made by the Attorney-in-Fact.

You need to do a different DOPA for each child.



When should I have a DOPA?

DOPAs are good when you are going out of the state or country for any reason. It can be part of vacation planning or if you are facing deportation or jail. Even if you are only at risk for these things it can be a good back-up for these kinds of emergencies.

You should have a DOPA for each of your children if:

- You are planning a vacation
- You are going out of state/country on business
- You are at risk for deportation
- You are at risk for going to jail
- You have any worries about being able to care for your children on a day-to-day basis

Do I have to file it in court?

No. A DOPA does not need to be approved by the court. But, you do have to make sure the other parent knows that you are giving this permission to someone else.

You have to give a copy of the DOPA to the other parent within 30 days of signing it unless they don't have parenting time rights, or have supervised parenting time rights, or there is an Order for Protection in effect to protect you or your child from them.

How long does a DOPA last?

A DOPA is only good for one year and needs to be signed in front of notary public. You need to do a new DOPA every year.

If you want something more permanent, there are other options. Most take time and court approval. Talk to a lawyer.

How do I Create a DOPA?

A DOPA must be written, dated, and then signed by you in front of a notary public. The Attorney-in-Fact has to sign but does not have to sign in front of a notary. The DOPA is effective as soon as it is signed and notarized. Your Attorney-in-Fact can make decisions right away about your child.

You can fill out the form at the end of this fact sheet. If you don't want to use the form you can write your own letter. A letter is fine if you make sure it includes the child's name and birthday, what permissions you are giving to the Attorney-in-Fact and the expiration if you want it to be less than one year. Your DOPA, no matter what format you use, has to be signed and notarized, in order to be valid.

You can [create a DOPA online](http://www.lawhelpmn.org/forms) at www.lawhelpmn.org/forms.



- Look under *Family Law*
- Click on *Delegation of Parental Authority*

This is a step-by-step interview that lets you print out a completed form when done.

Who can I name as Attorney-in-Fact on my DOPA?

The law doesn't say who you can or can't name to take care of your children. Besides having to be over 18, there are no other specifics and there is no US citizen requirement.

You want to choose someone that you trust to make decisions about your child, either a family member, close friend, or neighbor, or another responsible adult. Make sure the person is willing to care for your children. Also, let your child know who to go to in an emergency.

The person does not have to be a citizen, but remember, they won't be able to transfer care of your children to someone else if something happens to them. DOPAs are not transferrable; so, if you have concerns, consider listing an additional person as an attorney-in-fact.

If the person you want to care for your child lives in another state, you need to find a form for that state. Minnesota DOPAs only work in Minnesota. Many states have similar laws and forms that let you do the same thing. It doesn't mean you can't travel with the child, but it could be an issue if the child is moved to another state.

What should the Attorney-in-Fact know?

It is important that your Attorney-in-Fact has information about your child. Here is a list of some basic info they may need:

- School name and phone number
- Name of the teacher, principal and/or social worker
- Medical Insurance information
- Names and phone numbers of Doctors, Dentist, and other health care professionals
- Day-care provider information
- Allergies (medicines, food, or environmental)
- Daily routines and activities schedules
- Friend's contact information



It is a good idea to write out all this information and keep it with the DOPA. The Attorney-in-Fact should keep a copy of the DOPA with them to give to schools, doctors, and other authorities who may need proof that they are in charge of the child. They should also take a DOPA with them if they travel with the child.

How do I stop a DOPA?

You can stop (revoke) a DOPA in writing by letting the person you gave permission to know that you are stopping it. Also, all DOPAs automatically expire in one year. If you want to stop it before the date it expires, tell your child's doctors, schools, and other care providers.

What if I can't sign a new form and I am not around to care for my children?

If you can't sign a new form but still need someone else to care for your children, your Attorney-in-Fact might be able to take the expired DOPA to court and ask for a custody order. They can ask for custody of your child until you can care for them again. The court decides what is in the best interest of the child and if the person asking for custody is an appropriate person to care for the child.

If you are afraid of something happening suddenly that would make it impossible for you to care for your children, it is a good idea to sign a new DOPA every 6 months rather than waiting for the current one to expire. The easiest way to do this is to fill out the DOPA, except for the signatures, and make a few unsigned copies. Then you don't have to rewrite it every time and can just take it to a notary for signatures.

Fact Sheets are legal information NOT legal advice. See a lawyer for advice.

Don't use this fact sheet if it is more than 1 year old. Ask us for updates, a fact sheet list, or alternate formats.

© 2019 Minnesota Legal Services Coalition. This document may be reproduced and used for non-commercial personal and educational purposes only. All other rights reserved. This notice must remain on all copies.

Reproduction, distribution, and use for commercial purposes are strictly prohibited.

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: The person you name to care for your child is called the Attorney-in-Fact. 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. 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 (OFP) in effect against the other parent that protects 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)