

**DELEGATION OF PARENTAL AUTHORITY (DOPA)**  
*(Muab Cai Rau Lwm Tus Tu Menyuum (DOPA))*  
Delegation of Powers by Parent Minn. Stat. § 524.5-211  
*(Muab Cai Los Ntawm Leej Niam/Txiv Minn. Stat § 524.5-11)*

STATE OF MINNESOTA )  
(Lub Xeev Minnesota) ) ss.  
COUNTY OF \_\_\_\_\_ )  
(Lub Nroog)

1. My name is *(Kuv lub npe hu ua)* \_\_\_\_\_.  
*(your name) (koj lub npe)*  
I am the parent of *(Kuv yog leej niam/txiv ntawm)* \_\_\_\_\_.  
*(your child's name) (koj tus menyuum lub npe)*  
My child's birthdate is *(Kuv tus menyuum lub hnuv yug yog)* \_\_\_\_\_.  
*(your child's birthday) (koj tus menyuum lub hnuv yug)*

2. I appoint \_\_\_\_\_, to be my legal Attorney  
in-Fact to have parental authority over my child, \_\_\_\_\_.  
*(Kuv taw \_\_\_\_\_ los ua kuv tus Kws Lij Choj-Sawv-Cev muaj cai tswj kuv tus menyuum,*  
*\_\_\_\_\_.)*

**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.

*Nco cia: Tus neeg koj taw los tu koj tus menyuum hu ua tus Kws Lij Choj-Sawv-Cev. Tus neeg ntawd tsis tas yog ib tug kws lij choj.*

This DOPA lasts: *(check one) (Daim DOPA no siv ntev: (khib ib qho)*

- For one year from the date of my signature  
*(Ib xyoo ntawm hnuv kuv xee npe)*  
OR *(LOSSIS)*
- until \_\_\_\_\_, *(fill in date)* which is less than one year following  
the date of my signature.  
*(txog \_\_\_\_\_, (sau hnuv tim) uas luv dua ib xyoo tom qab hnuv kuv xee npe.*

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:

*(Daim DOPA no tso cai rau kuv tus Kws Lij Choj-Sawv Cev los tu thiab txiav txim siab txog kuv tus menyuum muaj npe sau saum toj. Cov kev txiav txim nrog, tabsi tsis txwv rau:)*

- a. Getting medical treatment for my child  
*Coj kuv tus menyuum mus kho/kuaj mob*
- b. Enrolling my child in school  
*Cuv npe rau kuv tus menyuum kawm ntawv*
- c. Providing a home, care, and supervision of my child  
*Muaj lub tsev nyob, tu, thiab saib xyuas kuv tus menyuum*

4. This DOPA does not give my Attorney-in-Fact permission to consent to the marriage or adoption of my child.

*Daim DOPA no tsis tso cai rau kuv tus Kws Lij Choj-Sawv-Cev los tso cai rau yuav txij nkawm lossis muab tus menyuam rau lwm tus yuav.*

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:

*Kuv totaub tias raws li kevcai kuv yuav tsum muab lossis xa daim qauv ntawm daim ntawv no mus rau tus leej niam/txiv tom ub tsis pub dhau 30 hnuv tom qab xee npe, tsuas yog tshe*

- a. The other parent does not have parenting time rights or has supervised parenting time rights

*Tus leej niam/txiv tom ub tsis tau niam txiv sijhawm saib tus menyuam lossis muaj lwm tus saib xyuas thaum muaj niam txiv sijhawm saib menyuam.*

OR (LOSSIS)

- b. There is an existing Order for Protection (OFP) in effect against the other parent that protects me or my child.

*Nws muaj daim Ntawv Tiv Thaiv (OFP) rau tus niam/txiv tom ub tam sim no kom tiv thaiv kuv thiab kuv tus menyuam.*

[SIGNATURES ON FOLLOWING PAGE]  
[XEE COV NPE RAU NPLOOJ NTAWV TOM NTEJ]

**SIGNATURES**  
**(COV XEE NPE)**

**I swear that everything I have stated in this document is true and correct.**  
*Kuv lees tias txhua yam kuv hais hauv daim ntawv no tseeb thiab yog.*

**Parent or Guardian:**

*Niam/txiv lossis Tus Saib Xyuas:*

Date (Hnub tim): \_\_\_\_\_

\_\_\_\_\_  
*(sign your name) (Xee koj lub npe)*

\_\_\_\_\_  
*(print your name) (Sau koj lub npe)*

Subscribed and sworn to before me  
*Xee npe thiab lees rau kuv*

this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
*lub \_\_\_\_\_ hnub tim \_\_\_\_\_, 20\_\_\_\_.*

\_\_\_\_\_  
Notary Public *(Tus Ntaus Thwj)*

**Attorney-in-Fact:** *(the Attorney-in-Fact does not have to sign in front of a notary)*  
**Kws Lij Choj-Sawv-Cev:** *(tus Kws Lij Choj-Sawv-Cev tsis tas xee npe rau tus ntaus thwj pom)*

I accept the responsibilities of Attorney-in-Fact for \_\_\_\_\_.  
*Kuv lees cov luag haujlwm los ua tus Kws Lij Choj-Sawv-Cev rau (child's name) (menyuam npe)*

Date (Hnub tim) \_\_\_\_\_

\_\_\_\_\_  
*(Attorney-in-Fact signature) (Kws Lij Choj-Sawv-Cev xee npe)*

\_\_\_\_\_  
*(Attorney-in-Fact printed name) (Kws Lij Choj-Sawv-Cev sau npe)*