

DELEGATION OF PARENTAL AUTHORITY (DOPA)

(Wareejinta Mas'uuliyada Waalidka)

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

[(Wareejinta Awooda Waalidka (Minn. Stat. § 524.5-211)]

STATE OF MINNESOTA)
(GOBOLKA MINNESOTA))
) ss.
COUNTY OF _____)
DEGMADA AH

1. My name is (Magacaygu waa) _____.
(your name) (magacaaga)
I am the parent of (Waxa aan ahayn waalidka) _____.
(your child's name) (magaca ilmahaaga)
My child's birthdate is (Taariikhda dhalashada ee Ilmahagu waa) _____.
(your child's birthday) (Taariikhda dhalashada ee ilmaha)

2. I appoint _____, to be my legal Attorney
in-Fact to have parental authority over my child, _____,
<Waxa aan u magacaabayaa _____ inuu noqdo Wakiilkayga- Idman
inuu awood waalidnimo u yeesho ilmahayga, _____.

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.

Ogow: qofka aad u magacaabayso inuu ilmagaahga kuu sii hayo waxaa loogu yeeraa Wakiilka-Idman. Qofkaasi khasab ma aha inuu qareen noqdo.

This DOPA lasts: (check one) (DOPA dani waxa ay socon:) (calaamadi mid)

- ☐ For one year from the date of my signature
(Hal sanno laga bilaabo maalinta la saxiixay)
OR (AMA)
☐ until _____, (fill in date) which is less than one year following
the date of my signature.
Ilaa iyo _____, (Taariikh ku qor) taa oo ah muddo ka yar hal sanno ka dib maalinta
saxiixayga lagu qoray.

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:

DOPA dani waxa ay siisaa Wakiilkayga-Idman ogolaansho ah inuu daryeeli karo uuna gaari karto go'aano ku saabsan ilmahayga magaciisu kor ku xusan yahay. Go'aamadaa waxaa ku jira, laakiin aan ku wada koobnayn:

- a. Getting medical treatment for my child
U helida daryeel caafimaad ilmahayga
- b. Enrolling my child in school
(Qorida ilmahayga iskuul)
- c. Providing a home, care, and supervision of my child
(Siinta ilmahayga hoy, daryeel iyo kormeerid)

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

(DOPA dani ma siiso Wakiilkayga-Idman ogolaansho uu ku ogolaanaya guurka ama korsasho ilmahayga).

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:

(Waxa aan fahamsanahay in sida sharcigu qabo aad ku siiyo ama aan boostada ugu dhigo nuqul qoraalkan ahi waalidka kale 30-cisho gudahood kolka la saxiixo marka laga reebo):

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

(Waalidka kale uusan haysan xaquuqda waqtiga waalidnimada ama xaquuqda waqtiga waalidka ee la kormeero)

OR (AMA)

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

(Uu jiro amar amaan siin ah si adiga iyo ilmaha waalidka kale la idiin kaga ilaaliyo)

[SIGNATURES ON FOLLOWING PAGE]

[SAXIIXU WAA BOGGA SOO SOCDA]

SIGNATURES
(SAXIIXYADA)

I swear that everything I have stated in this document is true and correct.

(Waxa aan ku dhaaranayaa in wax walba oo aan qoraalkan ku sheegay ay run iyo saxba yihiin)

Parent or Guardian:

(Waalidka ama Mas'uulka)

Date *(Taariikhda)*: _____

(sign your name) (Magacaaga ku saxiix)

(print your name) (Magacaaga ku qor)

Subscribed and sworn to before me

(La igu hor Saxiixay la iguna hor dhaartay)

this _____ day of _____, 20____.

(Maalintan)_____ (Taariikhdu ay tahay) _____, 20____.

Notary Public *(adigoo ah Nootaayaale Dadweyne)*

Attorney-in-Fact: *(the Attorney-in-Fact does not have to sign in front of a notary)*

Wakiilka-Idman: *(Wakiilka-Idman khasab ma aha inuu ku hor saxiixo naataayaalaha)*

I accept the responsibilities of Attorney-in-Fact for _____.

(Waxa aan aqbalayaa mas'uuliyada Wakiilka-Idman) ee (child's name) (Magaca Ilmaha)

Date *(Taariikhda)*: _____

(Attorney-in-Fact signature) (Saxiixa Wakiilka-Idman)

(Attorney-in-Fact printed name) (Magaca Wakiilka-Idman)