

DELEGATION OF PARENTAL AUTHORITY (DOPA)
(Muab Cai Rau Lwm Tus Tu Menyuam (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 menyuam lub npe)
My child's birthdate is (Kuv tus menyuam lub hnub yug yog) _____.
(your child's birthday) (koj tus menyuam lub hnub 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 menyuam,
_____.)

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 menyuam 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 hnub kuv xee npe)
OR (LOSSIS)
☐ until _____, (fill in date) which is less than one year following
the date of my signature.
(txog _____, (sau hnub tim) uas luv dua ib xyoo tom qab hnub 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 menyuam muaj npe sau saum toj. Cov kev txiav txim nrog, tabsi tsis txwv rau:)
- a. Getting medical treatment for my child
Cov kuv tus menyuam mus kho/kuaj mob
 - b. Enrolling my child in school
Cuv npe rau kuv tus menyuam kawm ntawv
 - c. Providing a home, care, and supervision of my child
Muaj lub tsev nyob, tu, thiab saib xyuas kuv tus menyuam

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*)