Reset Form

**POWER OF ATTORNEY AND DELEGATION OF AUTHORITYBY PARENT, CUSTODIAN, OR GUARDIAN CONCERNING MINOR CHILD(REN) OR MINOR WARD(S)**

This power of attorney over the herein named minors is made pursuant to N.J.S.A. 3B:12-39 between:

**PARENT/GUARDIAN(S):**

Name: _____ Relationship: _____

Address: _____

Telephone: _____

Name: _____ Relationship: _____

Address: _____

Telephone: _____

Who state there is no court order or other legal prohibitions now in effect that would prevent him/her/them from exercising this authority,

**AND ALTERNATE CAREGIVER(S):**

Name: _____ Telephone: _____

Address: _____

Name: _____ Telephone: _____

Address: _____

Referred to here as "attorney-in-fact."

If only one parent is signing, this is because:

___ Such parent is deceased.

___ By order of a court of competent jurisdiction, such parent retains neither legal nor physical custody of child(ren).

___ Such parent is mentally or physically unable to give consent.

___ Such parent has not been involved in raising or financially supporting child(ren) for two years or a third of the life of the child(ren), whichever is less, immediately preceding the date of the latest signature below.

___ Identity or whereabouts of such parent are unknown to me.

___ Despite diligent efforts described below, I was unable to reach such parent.

Diligent efforts included:

Other:

I/we appoint said attorney-in-fact, pursuant to N.J.S. 3B:12-39, and delegate to said attorney-in-fact the following powers, all of which I/we possess, concerning the care, custody, and/or property of my/our minor child(ren) or minor ward(s):

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

___ Care-Giving. The attorney-in-fact shall have temporary care-giving authority for the minor child(ren)/minor ward(s), until such time as the minor child(ren)/minor ward(s) is/are returned to my/our physical custody, or his/her/their custody status is altered by a federal, state, or local agency; or changed by a court of law.

___ Well-Being. The attorney-in-fact shall have the power to provide for the physical and mental well-being of the minor child(ren)/minor ward(s), including, but not limited to, providing food and shelter.

___ Education. The attorney-in-fact shall have the authority to enroll the minor child(ren)/minor ward(s) in the appropriate educational institutions; obtain access to his/her/their school records; authorize his/her/their participation in school activities; and make any and all decisions related to his/her/their education, including, but not limited to, those related to special education.

___ Health Care. The attorney-in-fact shall have the authority, to the same extent that a parent/custodian/guardian would have the authority, to make medical, dental, and mental health decisions; to sign documents, waivers, and releases required by a hospital or physician; to access medical, dental, or mental health records concerning the minor child(ren)/minor ward(s); to authorize the minor child(ren)'/ minor ward(s)' admission to or discharge from any hospital or medical care facility; to consult with any health care provider; to consent to the provision, withholding, modification, or withdrawal of any health care procedure; and to make other decisions related to the health care needs of the minor child(ren)/minor ward(s).

____ Travel. The attorney-in-fact shall have the authority to make travel arrangements on behalf of the minor child(ren)/ minor ward(s) for destinations both inside and outside of the United States by

air and/or ground transportation; to accompany the minor child(ren)/minor ward(s) on any such trips; and to make any and all related arrangements on behalf of the minor child(ren)/minor ward(s), including, but not limited to, hotel accommodations.

____ Financial Interests. The attorney-in-fact may handle any and all financial affairs and any and all personal and legal matters concerning the minor child(ren)/minor ward(s).

____ All Other Powers. The attorney-in-fact shall have the authority to handle and engage in any and all other matters relating to the care, custody, and property of the minor child(ren)/minor ward(s) which are permitted pursuant to applicable State law.

By this delegation, I/we provide that the attorney-in-fact's authority shall take effect upon the following "activating event(s)" (check all that apply):

___ The execution of this document on the latest date below; or

___ My attending physician concludes that I am incapacitated, and thus unable to care for my minor child(ren)/minor ward(s); or

___ My attending physician concludes that I am physically debilitated, and thus unable to care for my minor child(ren)/minor ward(s); or

___ I am detained in immigration detention, removed, or deported; or

___ I am incarcerated based on criminal charges, including pending charges, or conviction; or

___ I am deployed in military service; or

___ Upon my death, if I have made no more permanent care arrangements for my minor child or minor ward; or

___ Other:

In the event that the person designated above is unable or unwilling to act as attorney-in-fact to my minor child(ren)/minor ward(s), I hereby name

Name: _____ Telephone: _____

Address: _____

as alternate attorney-in-fact of my minor child(ren)/minor ward(s).

I/we understand that this delegation will expire one year from the execution of this document on the latest date below, and that the authority of the attorney-in-fact, if any, will cease, unless by that date

(i) I renew this delegation, by the same process applicable to the original delegation;

(ii) a court of competent jurisdiction appoints a custodian, guardian, or standby guardian for the minor child(ren)/minor ward(s); or

(iii) exigent circumstances make it impossible for me to renew this delegation, and I have not made alternative care arrangements for my minor child(ren)/minor ward(s).

I/we hereby authorize that the attorney-in-fact as set forth above shall be provided with a copy of my/our attending physician's statement(s), if applicable.

In the event that an activating event occurs and a power of attorney is activated pursuant to this statement, I declare that it is my intention to retain full parental rights to the extent consistent with my condition and circumstances and, further, that I retain the authority to revoke the power of attorney consistent with my rights herein at any time.

_____ _____

Signature of Parent/Guardian #1 Date of Signature

_____ _____

Signature of Parent/Guardian #2 Date of Signature

_____ _____

Witness Signature #1 Date of Signature

_____ _____

Witness Signature #2 Date of Signature

STATE OF NEW JERSEY )
) ss.:
COUNTY OF _____ )

BE IT REMEMBERED that on _____, before me, the subscriber, an Attorney at Law of the State of New Jersey, personally appeared _____, who I am satisfied is the person named in and who executed the foregoing Durable Power of Attorney, and he/she did acknowledge that he/she executed it as his/her voluntary act for the uses and purposes expressed therein.

_____

STATE OF NEW JERSEY )
) ss.:
COUNTY OF _____ )

BE IT REMEMBERED that on _____, before me, the subscriber, an Attorney at Law of the State of New Jersey, personally appeared _____, who I am satisfied is the person named in and who executed the foregoing Durable Power of Attorney, and he/she did acknowledge that he/she executed it as his/her voluntary act for the uses and purposes expressed therein.

_____