

INSTRUCTIONS FOR COMPLETING THE TEMPORARY DELEGATION OF PARENTAL POWERS

BODY OF DELEGATION:

- a. Enter your full name.
- b. Enter the city where you live.
- c. Enter the full name of the person to whom you are appointing parental powers.
- d. Enter the address, city and state where the person you are appointing resides.
- e. Enter the full name of the child for whom you are delegating your parental powers.
- f. Enter the child's date of birth (month, day, and year).
- g. Enter the full name of the person to whom you are appointing parental powers each of the next three spaces.

I, _____ of _____
(your full name) (city where you reside)

Nebraska, do make and appoint _____ of _____
(full name of person being appointed)

_____, to act for me and in
(address, city and state where person being appointed resides)

my name to exercise all my powers regarding the care, custody and property of
_____, born _____
(child's full name) (child's date of birth)

except my power to consent to marriage and adoption of the child. I hereby give
_____ full authority and power to do everything
(full name of person being appointed)

necessary to be done, as fully as I could or might do if personally present, for a period
not exceeding six months beyond this date. I confirm and ratify all lawful acts done, or
caused to be done by _____ acting under this
(full name of person being appointed)

Delegation of Powers regarding the care, custody and property of my child. This
Delegation of Parental Powers may be revoked by me at any time before the expiration of
this six-month period by written notice to _____ at the
address above.
(full name of person being appointed)

SIGNATURE BLOCK:

- h. **ONLY WHEN YOU ARE BEFORE A NOTARY PUBLIC**, on the first line sign your full name
- i. Enter the date that you are signing temporary delegation.
- j. Print your first, middle and last names.
- k. Enter your street address/P.O. Box.
- l. Enter your City, State and Zip Code.
- m. Enter your phone number including area code.
- n. Enter your email address (if any)
- o. IF this is being completed by an attorney, enter your bar number and firm name.

Signature: _____ Date: _____

Printed Name: _____

Street Address/P.O. Box: _____

City/State/ZIP Code: _____

Telephone Number: _____

Email address: _____

If completed by an attorney:
Bar Number: _____

VERIFICATION

***This form must be signed and sworn to in the presence of a notary public.
You must bring a photo identification for the notary to verify your identity.***