

POWER OF ATTORNEY DELEGATING PARENTAL POWERS

Principal, the parent or guardian of the children listed below, hereby appoints the below-named Agent/Attorney-in-Fact to act in name and place of Principal, parent or guardian to have parental authority and to perform general Responsibilities of a parent and execute any of the below-listed specific acts, EXCEPT for authorizing the marriage or adoption of the minor children.

1. INFORMATION NEEDED:

Current full legal name of the parent or guardian who is giving the temporary authority over the child (ren)?

The full legal name of each child - and - Date of birth for each child

- | | | |
|----|-------|-------|
| 1. | _____ | _____ |
| 2. | _____ | _____ |
| 3. | _____ | _____ |
| 4. | _____ | _____ |
| 5. | _____ | _____ |

The full legal name of the person who agrees to and accepts the delegation of Parental Authority: (This is the same as the Attorney-in-Fact mentioned above)

The full physical address of the person who agrees to and accepts the delegation of Parental Authority: _____

2. RESPONSIBILITIES DELEGATED: Check ONE if you, as a parent or guardian agree to give the following powers to the Attorney-in-Fact:

- I delegate all parental responsibilities I might perform myself
- I delegate only the specific parental responsibilities named as follows:

3. DURATION: This delegation of Parental Powers lasts up to six (6) months unless I, as Principal, Parent or Guardian, revoke it earlier, or unless I am a member of the military on active duty. Check only one:

This Parental Power of Attorney begins on _____ and expires not more than six (6) months later on _____, unless I revoke it earlier or unless I am a member of the military on active duty.

I am an active duty Military Member who is a parent or guardian of a minor child or ward. I delegate Parental Powers to my Attorney-in-Fact for a period not to exceed one year beginning on _____, and expiring not more than twelve (12) months later on _____, unless I revoke it earlier. (ARS § 14-5107)

4. MANNER OF REVOCATION: The Principal may revoke this document in writing at any time before the expiration date, if the specific tasks have been accomplished by the Attorney-in-Fact, for no reason, for cause, or if the Attorney-in-Fact exceeds or violates the scope and authority granted by this document.

5. COMPENSATION of Attorney-in-Fact: None.

6. SIGNATURES:

For Principal:

I, _____, the principal, sign my name to this power of attorney this _____ day of _____ and, being first duly sworn, do declare to the undersigned authority that I sign and execute this instrument as my power of attorney and that I sign it willingly, or willingly direct another to sign for me, that I execute it as my free and voluntary act for the purposes expressed in the power of attorney, and that as required by A.R.S. § 14-5501, I am eighteen years of age or older, of sound mind, and under no constraint or undue influence.

Principal Signature

For Witness:

I, _____, the witness, sign my name to the foregoing power of attorney being first duly sworn, and do declare to the undersigned authority the principal signs and executes this instrument as the principal's power of attorney and that the principal signs it willingly, or willingly directs another to sign for the principal, and that I, in the presence and hearing of the principal sign this power of attorney as witness to the principal's signing, and to the best of my knowledge the principal is eighteen years of age or older, of sound mind, and under no constraint or undue influence.

Witness Signature

7. NOTARIZATION:

For Notary:

The State of _____

County of _____

Subscribed, sworn to and acknowledged before me by _____, the principal, and subscribed and sworn to before me by

_____, witness, this _____ day of _____ (Seal)

(Signed) _____

(Notary Public)