

TEMPORARY DELEGATION OF PARENTAL POWERS

DC 6:10.1 Rev. 06/19

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
(full name of person being appointed)
 address above.

 Signature Date _____

 Name Street Address/P.O. Box _____

 Bar Number and Firm Name (attorneys only) City/State/ZIP Code _____

 Phone Email Address _____

State of _____)
) ss.
 County of _____)

The foregoing instrument was acknowledged before me by _____, this
(Name of person certifying above)

_____ day of _____, _____.
 Day Month Year Notary Public (signature of person taking acknowledgment)

_____ My commission expires: _____
(title or rank) (serial number, if any)