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This is a sample and is not a form. Do not use this sample in a particular situation. A power of attorney or similar instrument should not be executed by anybody unless and until all factual and legal issues have been fully investigated and explained to the affected individuals and unless and until all affected individuals have had an opportunity to consult with their own lawyer.

POWER OF ATTORNEY AND DELEGATION OF GUARDIANSHIP

KNOW ALL PERSONS BY THESE PRESENTS, that we/I

the mother/father/parents of _____ (“the child”), born on
_____ do hereby nominates, constitute and appoint

in accordance with D.C.Code §21-2101 my/our true and lawful attorney in fact and guardians of, for me/us and in my/our name, place and stead, for my/our use and benefit with respect to the following only:

1. To provide or authorize the provision of any and all medical and/or surgical attention that may be necessary for the sound health and physical development of the child, including but not limited to the authority described in D.C. Code, §16-4901(a).
2. To enjoy the same rights, powers and duties that a parent has with respect to a minor child;

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3. To have the custody of the child and to have the child live with them/him/her wherever they/she/he goes;
4. To provide for the care, comfort, maintenance, training and education of the child;
5. To provide for personal and family maintenance in accordance with D.C. Code, §21-2113 and all the powers listed in that statute.

This Power of Attorney and Delegation of Guardianship also authorizes _____ to do all acts necessary to provide this child with the medical and/or professional attention that may be necessary, and to sign any and all other instruments and papers in connection with the provision of such services.

I hereby give and grant to _____ full power and authority to do and perform every act necessary, requisite or proper to be done in connection with the provision or professional services to this child as fully as we might, or could do, were I/we personally present.

There are no court orders now in effect which would prohibit me/us from exercising the power(s) that I/we seek to convey. I/we am/are granting this power of attorney freely and knowingly in order to provide for the child(ren) and not due to pressure, threats or payments by any person or agency.

This Power of Attorney and Delegation of Guardianship shall not terminate upon my/our disability, but shall terminate if a Court of competent jurisdiction enters an order granting custody of this child to _____.

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_____ may exercise the authority granted under this
Power of Attorney and Delegation of Guardianship in any jurisdiction.

I/We agree that any third party who receives a copy of this document may act under it. When I/we first give notice of an intent to revoke this power of attorney there shall be a period of ___ hours before revocation takes effect. Notification of intent to revoke must be in writing. A Revocation of this power of attorney is not effective as to a third party until the third party learns of the revocation. I/We agree to indemnify the third party for any claims that arise against the third party because of reliance on this power of attorney.

IN WITNESS WHEREOF, I/we have hereunto set my hand and seal this

_____ day of _____, 2001.

STATE OF)
COUNTY OF) ss:

I HEREBY CERTIFY that before me a Notary Public in and for the State and County aforesaid personally appeared _____ and made oaths in due form that the matters, averments and all other things contained herein are true to the best of her knowledge, information and belief.

SUBSCRIBED AND SWORN TO before me this _____ day
of _____, 2001

Notary Public

My Commission expires: