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How to Complete Your Michigan Delegation of Parental Powers

Delegation of Parental Powers (MCL 700.5103)

INSTRUCTIONS — KEEP FOR YOUR RECORDS. DO NOT ATTACH THIS PAGE TO YOUR DOCUMENT.

About this form. A Michigan parent may temporarily delegate parental powers over a child, for example to a grandparent or relative while the parent is deployed, traveling, or ill, for up to **6 months** (MCL 700.5103).

1. **Fill in the children and attorney-in-fact (Page 1)**
   Set start and end dates no more than 6 months apart.
2. **Sign before a notary (Page 2)**
   Schools and doctors rely on a notarized delegation. Bring a current, government-issued photo ID.

After It's Signed

- Give the original to the attorney-in-fact and copies to the child's school and doctor.
- For a longer arrangement, ask the probate court about a limited guardianship.

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SCAN TO BOOK

Questions about this document? Talk to an attorney. Gavrilov & Brooks Law Firm has attorneys licensed in multiple states. Phone and video consultations are available, wherever you are. **(916) 504-0529** · **www.gavrilovlaw.com**

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YOUR FORM BEGINS ON THE NEXT PAGE

DELEGATION OF PARENTAL POWERS

(Power of attorney for a minor child — MCL 700.5103)

I,

Name of parent or guardian | Telephone

Address

the parent (or guardian) of the following minor child(ren):

Name of child | Date of birth

Name of child | Date of birth

Name of child | Date of birth

delegate to the following person (the “attorney-in-fact”):

Name | Telephone | Relationship

Address

all of my powers regarding care, custody, and property of the child(ren), including consent to medical, dental, and mental health treatment and school enrollment, **except** my power to consent to marriage or adoption of the child(ren), and except as limited below:

This delegation begins on

Start date | and ends on (not more than 6 months later)

Under MCL 700.5103, a delegation of parental powers is effective for no more than 6 months. I may revoke it at any time.

Parent's initials: _____

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X _____ _____

Parent or guardian | Date

NOTARY ACKNOWLEDGMENT

STATE OF MICHIGAN)
COUNTY OF _____)

This document was acknowledged before me on

_____ _____

(date) | by (name(s) of the parent or guardian)

X _____

Notary Public

(Notary seal)

_____

Notary's printed name

_____

Notary public, State of Michigan, County of

_____ _____

Acting in the County of (if different) | Commission expires

ACCEPTANCE. I accept this delegation.

X _____ _____

Attorney-in-fact | Date

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