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In the Matter of: _____)
Membership # _____)
Tribal Affiliation _____)
DOB: _____)
Principal _____)
AND _____)
Membership # _____)
Tribal Affiliation _____)
DOB: _____)
Attorney-in-Fact. _____)
AND Concerning _____)
Membership # _____)
Tribal Affiliation _____)
DOB: _____)
Minor, _____)

POWER OF ATTORNEY
OVER A MINOR CHILD

I/we _____ of _____
(Parent(s)' name) (Parent(s)' address)

do solemnly swear that:

1. I/We are the natural parent(s) of:

<u>Child(ren)'s name</u>	<u>Membership No.</u>	<u>Date of Birth</u>

2. I/We authorize _____ of _____
(Attorney-in-Fact's name) (Attorney-in-Fact's address)
_____ to assume power of attorney over my/our minor
children, in accordance with the provision of A.R.S. § 14-5104, which states as follows:

1 “A parent or guardian of a minor or incapacitated person, by properly executed power of
2 attorney, may delegate to another person for a period not exceeding six months, any powers
3 he [or she] may have regarding care, custody, or property of the minor child(ren) or ward,
4 except power to consent to marriage or adoption of the minor.”

5 3. I/We further appoint _____ as my/our true and
6 (Attorney-in-Fact’s name)
7 lawful attorney for the purpose of performing the following responsibilities over my/our
8 child(ren) listed above: *(check one box)*

9 All the parental responsibilities as I/We might perform.

10 Only the following specific parental responsibilities: _____
11 _____
12 _____
13 _____

14 4. This Power of Attorney will become effective and expire on:

15 30 days: (1 month) It will begin on _____ and will expire
16 on _____, unless I/We revoke it at an earlier time.

17 60 days: (2 months) It will begin on _____ and will expire
18 on _____, unless I/We revoke it at an earlier time.

19 90 days: (3 months) It will begin on _____ and will expire
20 on _____, unless I/We revoke it at an earlier time.

21 120 days: (4 months) It will begin on _____ and will expire
22 on _____, unless I/We revoke it at an earlier time.

23 150 days: (5 months) It will begin on _____ and will expire
24 on _____, unless I/We revoke it at an earlier time.

25 180 days: (6 months) It will begin on _____ and will expire
on _____, unless I/We revoke it at an earlier time.

5. I/We execute this Power of Attorney as my/our free and voluntary act and that I am/we are
eighteen years of age or older, of sound mind and under no constraints or under influence.

6. All prior Power of Attorneys are hereby revoked and annulled. This Power of Attorney is
hereby valid.

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Dated this _____ day of _____, 20__.

Parent's signature

I, _____, Attorney-in-Fact, Membership # _____, sign my name to the foregoing Power of Attorney being first duly sworn and do declare to the undersigned authority that the Principal signs and executes this instrument as his/her Power of Attorney and that he/she signs it willingly, or willingly directs another to sign for him/her, and that I, in the presence and hearing of the Principal, sign this Power of Attorney as the Attorney-in-Fact to the Principal's signing and that to the best of my knowledge the Principal is eighteen years of age or older, of sound mind, and under no constraints or undue influence. As the Attorney-in-Fact, I understand that I cannot receive any benefits from the Principal unless those benefits are specifically identified in detail by the Principle. In addition, I understand I will act in the best interest of the Principle and if my actions are contrary, I may be subject to sanctions provisions.

Attorney-in-Fact' signature

I, _____, Membership # _____, sign my name to the foregoing Power of Attorney being first duly sworn and do declare to the undersigned authority that the Principal signs and executes this instrument as his/her Power of Attorney and that he/she signs it willingly, or willingly directs another to sign for him/her, and that I, in the presence and hearing of the Principal, sign this Power of Attorney as witness to the Principal's signing and

1 that to the best of my knowledge the Principal is eighteen years of age or older, of sound mind,
2 and under no constraints or undue influence.

3
4 _____
Witness' signature

5
6 STATE OF ARIZONA)
7 : ss.
County of Maricopa)

8 I _____, the Principal, solemnly swear the foregoing power of
9 attorney is true to the best of my/our knowledge.

10
11 _____
Principal's Signature

12
13 _____
Principal's Print

14 **SUBSCRIBED** and **SWORN** before me this _____ day of _____,
15 20____.

16 My Commission Expires: _____

17 _____
Notary Public