

## STATE OF WISCONSIN, CIRCUIT COURT, \_\_\_\_\_ COUNTY

IN THE INTEREST OF

 Amended

**Power of Attorney**  
**Delegating Parental Power**  
**(§48.979, Wis. Stats.)**

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Case No. \_\_\_\_\_

**I STATE ON INFORMATION AND BELIEF:**

This power of attorney is for the purpose of providing for the care and custody of:

1. <input type="text"/> Child's Name, Address	<input type="text"/> Child's Date of Birth
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2. I, [Name and address of parent] \_\_\_\_\_ state that I have legal custody of the child named above. (Only a parent who has legal custody may use this form.)
3. I delegate my parental power to [Name of agent] \_\_\_\_\_.  
 Agent's Address: \_\_\_\_\_  
 Agent's telephone number(s): \_\_\_\_\_  
 Agent's email address: \_\_\_\_\_  
 Relationship of agent to child: \_\_\_\_\_
4. The parental power I am delegating is as follows:
  - Full parental power** regarding the care and custody of the child named above.
  - Partial parental power** regarding the care and custody of the child named above.
    - The power to consent to all health care.
    - The power to consent to only the following health care:
      - Ordinary or routine health care, excluding major surgical procedures, extraordinary procedures, and experimental treatment.
      - Emergency blood transfusion.
      - Dental care.
      - Disclosure of health information about the child.
    - The power to consent to educational and vocational services.
    - The power to consent to the employment of the child.
    - The power to consent to the disclosure of confidential information, other than health information, about the child.
    - The power to provide for the care and custody of the child.
    - The power to consent to the child obtaining a motor vehicle operator's license.
    - The power to travel with the child outside the State of Wisconsin.
    - The power to obtain substitute care, such as child care, for the child.
    - Other specifically delegated powers or limits on delegated powers:

 See attached \_\_\_\_\_.

5. This delegation of parental powers does not deprive a custodial or noncustodial parent of any of his or her powers regarding the care and custody of the child, whether granted by court order or force of law.
6. This document may not be used to delegate the power to consent to:
  - the marriage or adoption of the child,
  - the performance or inducement of an abortion on or for the child,
  - the termination of parental rights to the child,
  - enlistment of the child in the U.S. armed forces, or
  - to place the child in a foster home, group home, shelter care facility, or inpatient treatment facility.

7. This Power of Attorney takes effect on [Date] \_\_\_\_\_ and will remain in effect until [Date] \_\_\_\_\_.  
• If no termination date is given, this Power of Attorney will remain in effect for a period of one year after the effective date, but no longer.  
• This Power of Attorney may be revoked in writing at any time by a parent who has legal custody of the child and such a revocation invalidates the delegation of parental powers made by this Power of Attorney, except with respect to acts already taken in reliance on this Power of Attorney.

8. The child is subject to the jurisdiction of the juvenile court under s. 48.13, 48.14, 938.12, 938.13, or 938.14, Wis. Stats.  
• I will file this proposed Power of Attorney Delegating Parental Power with the Juvenile Court for approval.  
• I request the Juvenile Court issue an Order Approving Delegation of Powers under §48.979, Wis. Stats. (GF-222).

9. The child is an Indian child.  
• I request the Juvenile Court schedule a hearing to issue a Certificate to Delegation of Powers under §48.979, Wis. Stats., of an Indian Child (IW-1783B).  
• I will sign and file the Consent to Delegation of Powers under §48.979, Wis. Stats., of an Indian Child (IW-1783A) with the court at the hearing.

10. The delegation is to an agent who is not a relative of the child and would remain in effect for longer than one year.  
• I will file this proposed Power of Attorney Delegating Parental Power with the Juvenile Court for approval.  
• I request the court schedule a hearing to approve the delegation of parental powers within 45 days of the filing of this form.  
• I will provide notice of the hearing and a copy of this form to the child (if 12 years or older), the child's guardian ad litem and counsel, parents, person nominated as agent, and any guardian, legal custodian, physical custodian, Indian custodian, organization facilitating the delegation, and tribe at least 10 days before the date of the hearing. This form and notice shall be served in person or by first class mail.

 <hr/> Parent's Signature	
<hr/> Name Printed or Typed	
<hr/> Address	
Email Address	Telephone Number
<hr/> Date	

<b>Parent's Signature</b>	
<hr/>	
<b>Name Printed or Typed</b>	
<hr/>	
<b>Address</b>	
<hr/>	<hr/>
<b>Email Address</b>	<b>Telephone Number</b>
<hr/>	
<b>Date</b>	

11. Witnessing of signature(s) (optional)

State of \_\_\_\_\_  
 County of \_\_\_\_\_

This document was signed before me on [Date] \_\_\_\_\_ by [Name of parents] \_\_\_\_\_.

Signature of notary \_\_\_\_\_.

My commission expires: \_\_\_\_\_.

12. • I, [Name and address of agent] \_\_\_\_\_ understand that [Name of parents] \_\_\_\_\_ has/have delegated to me the powers specified in this Power of Attorney regarding the care and custody of [Name of child] \_\_\_\_\_.  
 • I further understand that this Power of Attorney may be revoked in writing at any time by a parent who has legal custody of [Name of child] \_\_\_\_\_.  
 • I hereby declare that I have read this Power of Attorney, understand the powers delegated to me by this Power of Attorney, am fit, willing, and able to undertake those powers, and accept those powers.



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Agent's Signature

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Name Printed or Typed

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Address

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Email Address

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Telephone Number

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Date

13. Parent(s) may indicate where they may be located during the term of the Power of Attorney (if different from the address(es) set forth above.)

I, [Name of parent] \_\_\_\_\_ can be located at:

Or by contacting [Name] \_\_\_\_\_

Address(es) \_\_\_\_\_

Address(es) \_\_\_\_\_

Telephone number(s) \_\_\_\_\_

Telephone number(s) \_\_\_\_\_

Email address(es) \_\_\_\_\_

Email address(es) \_\_\_\_\_