

INSTRUCTIONS FOR DELEGATION OF POWER BY PARENT OR GUARDIAN PURSUANT TO §15-14-105, C.R.S.

These instructions are for informational purposes only and do not constitute legal advice.

GENERAL INSTRUCTIONS

- ◆ The parent or guardian of a minor or incapacitated person may sign the Delegation of Power by Parent or Guardian Pursuant to §15-14-105, C.R.S.
- ◆ A standard form is available – JDF 751.
- ◆ Authority regarding the care (including medical and dental), custody, education, recreation and property of the minor or ward is delegated to the person named as the Attorney in Fact on the date set forth in the document. Power to consent to marriage or adoption is not included.
- ◆ This power of attorney is not valid for more than 12 months.
- ◆ Give the original, signed and notarized Delegation of Power by Parent or Guardian to the Attorney in Fact named on the form. This Delegation of Power does not need to be filed with the Court or approved by a Court order.

COMMON TERMS

- ⊗ Guardian: A person at least 21 years of age, resident or non-resident, who has qualified as a guardian of a minor or incapacitated person based on an appointment by the parent(s) or by the Court.
- ⊗ Minor: An unemancipated person who is under the age of 18.
- ⊗ Attorney in Fact: The person who acts as an agent for another person, called the principal who created a Power of Attorney.
- ⊗ Special Power of Attorney: Also, called a “limited Power of Attorney.” It gives legal authority to perform a specific act for another person
- ⊗ Incapacitated Person: An individual other than a minor, who is unable to effectively receive and/or communicate information or make or communicate decisions to such an extent that the individual lacks the ability to satisfy essential requirements for physical health, safety, or self-care, even with appropriate and reasonably available technological assistance.

If you do not understand this information, please contact an attorney.

FEES

No filing fees, since this is not filed with the Court.

**DELEGATION OF POWER BY PARENT OR GUARDIAN
PURSUANT TO §15-14-105, C.R.S.**

I, _____ (full name), parent or guardian of the minor child(ren) or incapacitated person(s) named below:

Full Name of Child or Incapacitated Person	Date of Birth	Relationship

I hereby authorize and appoint _____ (name of person), as Attorney in Fact for me with full authority to act in my place as follows:

1. To perform any and all acts necessary for the day-to-day care, custody, education, recreation, and property of the above-named minor child or incapacitated person, consistent with the provision of §15-14-105, C.R.S.

2. To authorize any and all medical and dental care for the health and well being of the minor child(ren) or incapacitated person(s). This care includes, but is not limited to medical and dental exams and tests, x-rays, surgeries, anesthesia, and hospital care.

This Special Power of Attorney does not give the Attorney in Fact the power to consent to the marriage or adoption of the child or incapacitated person.

This Special Power of Attorney shall be effective until _____ unless revoked earlier by the parent or guardian in writing. In any case, the authority granted herein shall not be valid for more than 12 months from the date of this document.

Date: _____

Parent/Guardian Signature

Subscribed and affirmed, or sworn to before me in the County of _____,
 State of _____, this _____ day of _____, 20 _____.

My Commission Expires: _____

Notary Public/Clerk