



Catholic Charities of Arkansas

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While the information on this site/document is about legal issues, it is not intended as legal advice or as a substitute for legal advice of your own attorney.

We strongly encourage you to seek the assistance of an attorney to ensure that any Power of Attorney document meets your specific needs and circumstances.

ARKANSAS DURABLE POWER OF ATTORNEY FOR MINOR CHILD

TO ALL WHOM THESE PRESENTS ARE KNOWN:

1. That I, _____, of _____ County, Arkansas, hereby appoint the person listed below as my true and lawful Agent and Attorney-in-fact [hereafter the "Agent"] for me, and in my name, place and stead and in my behalf, to do and perform responsibilities and decision-making in connection with my minor child(ren). The person who shall act as Agent is:

Agent Name: _____

Address: _____

City/State/Zip: _____

2. If the Agent is not available, I appoint this person as an alternate Agent under the same terms:

(Alternate) Agent Name: _____

Address: _____

City/State/Zip: _____

3. The child(ren) covered by this Power of Attorney are:

FULL NAME OF CHILD(REN)	DATE OF BIRTH

4. My Agent has the full power and authority to manage and conduct all my affairs related to the child(ren) listed. But, it shall not be used to override my decisions. The power and authority of my Agent shall include, but not be limited to:

- a. Perform and act as and for me in a parental capacity as and to the child(ren), including custody and physical care of the child(ren);
- b. Give consent and permission for any kind of medical care and treatment, and to sign any papers to have the child(ren) admitted to a hospital for such purpose, or as may be required to maintain the health of the child(ren);
- c. Have full access to all medical, psychological, agency, education, or other records for the child(ren);
- d. Give consent and permission for enrollment in and admission to school and to resolve problems arising from school attendance, and to sign any papers necessary for such purpose or sign other documents relating to the child(ren)'s welfare at school;
- e. Perform any act necessary to obtain relief or aid that might benefit the child(ren), including applying for benefits and participating in programs offered by any government body, administrative agency, person, or other entity; and
- f. Perform any other acts for support, health, and general care of the child(ren) as may be required or necessary.

5. Furthermore, I do hereby give and grant to my said Agent full power and authority to do and perform any and all acts required to protect and promote the welfare of the child(ren), as fully and for all intents and purposes as I might or could do if I were personally present at the time thereof, hereby ratifying and confirming all that my said Agent may or shall lawfully do or cause to be done by virtue of this Power of Attorney and the rights and powers herein granted.

6. This Power of Attorney is effective (*check one*)

a. starting on _____; or

b. whenever I am unable or unavailable to make decisions or care for my minor child(ren) listed.

7. This Power of Attorney shall not be affected by my disability. I may revoke this Power of Attorney by providing written notice to my Agent. If not revoked, it shall remain effective (*check one*)

a. until this date: _____; or

Instructions for ARKANSAS DURABLE POWER OF ATTORNEY FOR MINOR CHILD

Paragraph 1

First line - Put the name of the Parent in the first blank and the county where the Parent is residing in the second blank. In the next blanks, put the name and address of the Agent.

Paragraph 2

Use these blanks if the Parent wants to list a “back-up” or “alternate” person. If there is no one else, just write “None.”

Paragraph 3

In the box, put the minor children’s full names and dates of birth.

Paragraphs 4 and 5

Read carefully.

Paragraph 6

Select either (a) or (b). If the Power of Attorney is to start on a specific date, check (a) and fill in the date when it is to begin. This can be the date the Parent signs. Option (b) is for situations where the Parent is still going to be caring for the child(ren), but wants to have something in place in case of some unexpected problem, such as a parent being detained or deported.

Paragraph 7

Select either (a) or (b). If the Power of Attorney is to end on a specific date, check (a) and fill in the date when the Power of Attorney will end. Check Option (b) if there is no specific end date. Remember, this Power of Attorney can be revoked at any time by the Parent.

Paragraphs 8 and 9

Read carefully.

IMPORTANT: IF YOU HAVE QUESTIONS ABOUT THIS POWER OF ATTORNEY OR THE AUTHORITY YOU ARE GRANTING TO YOUR AGENT, YOU SHOULD SEEK LEGAL ADVICE BEFORE SIGNING THIS FORM. The parent should not sign the form ahead of time. The Parent must sign it in front of a Notary. The Parent should have identification. Print the Parent’s name. The Notary will complete the rest of the information.

Make copies for yourself, the Agent, and the child's school, doctor, & others who should know. Remove both the cover and instruction sheets before making copies or giving the form out.