

# TEMPORARY AGENT APPOINTMENT

Massachusetts General Laws Chapter 190B, § 5-103

1. APPOINTING PARTY (Parent/custodian/guardian)

I, \_\_\_\_\_, residing at \_\_\_\_\_,  
am the    parent    legal guardian    legal custodian of the minor child(ren) listed  
below.

I do hereby appoint \_\_\_\_\_, residing at \_\_\_\_\_  
\_\_\_\_\_ as temporary agent to exercise any power  
regarding the care, custody, or property [except the power to consent to marriage or  
adoption and any additional acts prohibited below], that I possess relative to the minor  
child(ren) whose names and dates of birth are:

_____	_____	_____	_____
name	date of birth	name	date of birth

_____	_____	_____	_____
name	date of birth	name	date of birth

The agent may NOT do the following: *(If there are any specific acts you do not want the agent to perform, please state those acts here.)*

\_\_\_\_\_  
\_\_\_\_\_

[**OPTIONAL** – *you can choose an alternate agent if you want*] In the event that the above-named individual is unavailable or unwilling to serve as the agent, I hereby appoint \_\_\_\_\_, residing at \_\_\_\_\_, as the alternate agent.

The following statements are true: *(Please read)*

- There are no court orders in effect that would prohibit me from exercising or conferring the rights and responsibilities that I wish to confer upon the agent. *(If you are the guardian or custodian, please attach the court order appointing you.)*
- I confer these rights and responsibilities freely and knowingly in order to provide for the child(ren) and not as a result of pressure, threats, or payments by any person or agency.
- I understand that, if the affidavit is amended or revoked, I must provide the amended affidavit or revocation to all parties to whom I have provided the affidavit.

This document shall take effect only if and at such time as I am detained by any law enforcement agency, removed (deported) from the United States, or if my whereabouts is not known to my agent for a 24 hour period. Proof of my detention, deportation, or unavailability may be made by a copy of government document showing my detention or deportation, through the attestation of an attorney on my behalf, or through attestation of my agent.

This document shall remain in effect 60 days after it takes effect or until I notify the agent in writing that I have amended or revoked it.

Check applicable statements:

The non-appointing parent has given consent (*See page 4*)

I have not attached the non-appointing parent consent because the non-appointing parent is: (*The non-appointing, or other parent, does not have to give permission if one of the following statements is true*)

- deceased
- whereabouts unknown
- unwilling to provide care for the minor child
- unable to provide care for the minor child

I hereby affirm that the above statements are true and correct to the best of my knowledge.

Appointing Party Signature: \_\_\_\_\_  
(parent/guardian/custodian)

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Telephone number: \_\_\_\_\_

2. WITNESSES TO APPOINTING PARTY SIGNATURE  
(*To be signed by persons over the age of 18 who are not the designated agent.*)

\_\_\_\_\_  
Witness #1 Signature

\_\_\_\_\_  
Witness #2 Signature

\_\_\_\_\_  
Printed name

\_\_\_\_\_  
Printed name

\_\_\_\_\_  
Address and telephone number

\_\_\_\_\_  
Address and telephone number

3. TEMPORARY AGENT ACKNOWLEDGMENT *(To be signed and completed by the agent)*

I, \_\_\_\_\_, hereby accept this Temporary Agent Appointment.

I am at least 18 years of age.

I understand that I may, without obtaining further consent from a parent, legal custodian, or legal guardian of the child(ren), exercise power relative to the child(ren), except those powers prohibited above.

I understand that, if the affidavit is amended or revoked, I must provide the amended affidavit or revocation to all parties to whom I have provided this affidavit prior to further exercising any rights or responsibilities under the affidavit.

I hereby affirm that the above statements are true and correct to the best of my knowledge.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Telephone number: \_\_\_\_\_

4. ALTERNATE TEMPORARY AGENT ACKNOWLEDGMENT *(If you choose an alternate agent, please have complete and sign)*

I, \_\_\_\_\_, hereby accept this Temporary Agent Appointment.

I am at least 18 years of age.

I understand that I may, without obtaining further consent from a parent, legal custodian, or legal guardian of the child(ren), exercise power relative to the child(ren), except those powers prohibited above.

I understand that, if the affidavit is amended or revoked, I must provide the amended affidavit or revocation to all parties to whom I have provided this affidavit prior to further exercising any rights or responsibilities under the affidavit.

I hereby affirm that the above statements are true and correct to the best of my knowledge.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Telephone number: \_\_\_\_\_

5. NONAPPOINTING PARENT CONSENT (*The other parent must give permission if you know where they are and they are willing and able to care for the child*)

I, \_\_\_\_\_, residing at \_\_\_\_\_, am the nonappointing parent of the child(ren). I consent to the designation of \_\_\_\_\_ to be a temporary agent and \_\_\_\_\_ to be the alternate agent (if applicable) for my child(ren). I understand that the temporary agent will have any power regarding the care, custody, or property of the child(ren), [except as stated in Section 1].

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Telephone number: \_\_\_\_\_