This document gives someone the right to make decisions for your child about anything a parent can decide - such as school, healthcare, property, and finances. It can last for up to 60 days.

TEMPORARY AGENT APPOINTMENT

Massachusetts General Laws Chapter 190B §5-103

1. APPOINTING PARTY (Parent/Guardian/Custodian)

Parent , residing at <u>123 Main Street</u>, Boston, MA 01234 I.

am the □ parent □ legal guardian □ legal custodian of the minor child(ren) listed below. I do hereby appoint Jessica Jones , residing at 321 Main Street, Boston, MA 04321 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:

Write the name and address of the person you want to take care of your child(ren). This person is called "the agent." This person can make any decisions for your children that you could make.

> go to a different school, or to give

rights to someone the court took

them away from

form

a copy

No one is forcing you to sign this

If you change this

form, you will give a new form to everyone who has

Child #1	01/01/2010	Child #2	01/01/2007	
Name	Date of Birth	Name	Date of Birth	
Name	Date of Birth	Name	Date of Birth	Write down anything you don't want the
••••	OT do the following: (<i>If there are state those acts here.</i>)	e any specific acts you do not want th	he agent to	agent to do.
(for exa	mple) the agent cannot change	my child's school	<u> </u>	If the person you pick
[OPTIONAL – individual is una residing at <u>12</u> as the alternate a	for the agent cannot help, you can pick a second person if you want. Write their name and address here.			
The following st	atements are true: (Please real	<i>d</i>)	2	What does this mean?
rights a		would prohibit me from exercising confer upon the agent. (<i>If you ar</i> <i>pointing you.</i>)		 No court has said you cannot make decisions for your child(ren) You are not filling our this form so
• I am not	using this affidavit to circumver	t any state or federal law, for the pu	arposes of attendance	your child(ren) can

- at a particular school, or to re-confer rights to an agent from whom those rights have been removed by a court of law.
- 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 this affidavit.

1

Initial each page.

Initials

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 until 60 days from the date it becomes effective, 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: <u>Parent</u>

Printed name: Parent

Telephone number: <u>617-555-5555</u>

2. WITNESSES TO APPOINTING PARTY SIGNATURE

(To be signed by persons over the age of 18 who are not the designated agent)

Witness #1

Witness #1 Signature

Witness #1

Printed Name

617-555-5551

Phone Number

Witness #2

Witness #2 Signature

Witness #2
Printed Name

617-555-5552

Phone Number

2

The agent only has rights to make decisions about your child(ren) if you are arrested, or are missing for 48 hours.

This form is only valid starting when you are arrested or missing, and will last for 60 days.

You may need to get permission from the other parent. If you do, the other parent will sign section 5.

You may not need permission if one of these statements is true. Check the one that applies.

You must sign the document in front of two witnesses.

Two adults have to watch you sign the document and also sign it. Do not sign without your witnesses.

Initials_____

3. <u>TEMPORARY AGENT ACKNOWLEDGMENT</u> (To be signed and completed by the agent)

I, <u>Jessica Jones</u>, 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 of agent: <u>Jessica Jones</u>

Printed name: Jessica Jones

Telephone Number: <u>617-555-5558</u>

Date: 06/01/2017

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

I, John Smith _____, 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 of agent: John Smith

Printed name: John Smith

The agent agrees and understands that rights given to him/her in this form don't begin until you are arrested or missing. If you change or end the agreement, the agent must give copies of the changes to everyone.

The agent can sign at the same time as you, or at a different time.

If you choose a backup agent, write his or her name here. The backup agent agrees and understands that rights given to him/her in this form don't begin until you are arrested or missing. If you change or end the agreement, the agent must give copies of the changes to everyone.

The backup agent can sign at the same time as you, or at a different time. Telephone Number: 617-555-5559

Date: 06/01/2017

5. <u>NONAPPOINTING PARENT CONSENT</u> (*if applicable*)

I,	Parent #2	, residing at	123 Massachusetts Street	<u>, Boston, MA 01234</u> , am		
the nonappointing parent of the child(ren). I consent to the designation of						
		to be a temp	oorary agent and	to be an		
alternate temporary agent 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:	Parent#2
Printed Name:	Parent #2

Date: 06/01/2017

If you know where the other parent is, and the other parent could take care of the child, but is not going to, you should put their information here and have them sign.

The other parent also does not have to sign in front of a notary public.

Telephone number: <u>617-555-5559</u>

Initials_____