Temporary Guardianship Agreement

1. Parent and Minor Information.

I/We \_\_\_\_\_\_\_\_\_\_**[Name(s) of Custodial Parent #1 and Custodial/Non Custodial Parent #2 ]**, with a permanent address at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, *[and at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_]* am/are the parent(s) of the following child(ren):

|  |  |
| --- | --- |
| Name of each Child | Date of Birth of each Child. |
|  |  |
|  |  |

Please check the following box if it applies:

* \_\_\_\_\_\_\_\_\_\_[**Custodial/Non Custodial Parent #2]** parental rights have not been terminated by a court order.
1. Temporary Guardian Information.

I/We, \_\_\_\_\_\_\_\_\_\_**[Name(s) of Custodial Parent(s)]**, grant Temporary Guardianship of the child(ren) listed above to \_\_\_\_\_\_\_\_\_\_**[Name of Person granted Temporary Guardianship]**. I/We trust \_\_\_\_\_\_\_\_\_\_**[Name of Person granted Temporary Guardianship]** to be a person of complete trust and able to provide competent care for the child(ren).

1. Authorities Granted to the Temporary Guardian.

I/We \_\_\_\_\_\_\_\_\_\_**[Name(s) of Custodial Parent #1 and Custodial/Non Custodial Parent #2 ]** grant the above named Temporary Guardian the following authorities in the care of the child(ren) herein mentioned:

* Seek appropriate medical treatment or attention.
* Make emergency health care decisions.
* Explain absences from school.
* Pick up children from school.
* Other powers: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.
1. Sleeping Arrangments.

Please describe in the following lines the sleeping arrangements that the Temporary Guardian should comply with:

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

1. Travel Conditions.

Please describe in the following lines the travel conditions that the Temporary Guardian should comply with:

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

1. Effectiveness.

This Temporary Guardianship Agreement shall be on \_\_\_\_\_\_\_\_\_\_**[Begin Date]** and shall continue until \_\_\_\_\_\_\_\_\_\_**[End Date/Specific Event]**.

1. Parental Acknowledgement.

**IN WITNESS WHEREOF,** I have signed this Temporary Guardianship Agreement on \_\_\_\_\_\_\_\_\_\_**[Date of Signature].**

By: **\_\_\_\_\_\_\_\_\_\_[Name(s) of Custodian Parent #1]**                                       Date: \_\_\_\_\_\_\_\_\_\_

By: \_\_\_\_\_\_\_\_\_\_[Name of Custodian/Non-Custodian Parent #2]                 Date: \_\_\_\_\_\_\_\_\_\_

1. Temporary Guardian Acknowledgment.

I, \_\_\_\_\_\_\_\_\_\_**[Name of Person granted Temporary Guardianship]**, accept this appointment as a Temporary Guardian and agree to comply with the terms of this agreement and to abide by all laws and regulations in carrying out this appointment.

By: **\_\_\_\_\_\_\_\_\_\_[Name of Temporary Guardian]**                                            Date: \_\_\_\_\_\_\_\_\_\_

1. Notarization.

If you want this document to be notarized for it to be valid you should check the applicable box.

* I want this document to be notarized for it to be valid.
* This document shall not have to be notarized for it to be valid.

NOTARY ACKNOWLEDGMENT

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

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

On \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_ before me, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name and title of officer), personally appeared \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that she/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of \_\_\_\_\_\_\_\_\_\_\_\_\_\_ that the foregoing paragraph is true and correct. WITNESS my hand and official seal.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_                                                                       (Seal)

Print Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_