



Guardianship of Minor Form

STATE OF COLORADO

COUNTY OF _____

POWER OF ATTORNEY / LIMITED GUARDIANSHIP

Pursuant to Section 15-10-104, C.R.S., I hereby delegate to

Name(s) of Guardian(s)

Address of Guardian(s)

Whom I designate my attorney in fact for this purpose, all of my power regarding custody, well being (and property) of my minor child, _____, which are delegable under the Colorado Probate Code, including the power to consent to surgical procedures and medical and dental treatment (and to receive delivery or payment of money and property due the said minor child). In accordance with the said Section, this delegation does not include power to consent to marriage or adoption. This delegation is made for a period not exceeding twelve months and shall terminate on _____. This power of attorney shall not be affected by disability of the principal and shall remain in effect, to the extent permitted by Section 15-14-104 of the said Code, notwithstanding later disability or incapacity of the principal is dead or alive. It is agreed that both parents have a right to visit with the children.

Date: _____

Signature of Mother

Signature of Father

Accepted by:

Signature of Guardian

Address of Guardian

Subscribed and sworn to before me on

Date

My commission expires on:

Date

Notary Public Signature

Address