

THIS FORM IS PROVIDED AS AN EXAMPLE FOR YOU TO REVIEW WITH YOUR FAMILY AND ADVISORS THAT YOU TRUST. THIS FORM CONVEYS EXTREMELY STRONG RIGHTS AND POWERS TO OTHER PEOPLE OVER YOUR PROPERTY, ASSETS, INCOME, LIABILITIES/DEBT, CHILDREN, AND MEDICAL CARE. THESE PEOPLE DO NOT HAVE SUCH RIGHTS UNTIL YOU GIVE THEM THE RIGHTS WITH THIS FORM. YOU SHOULD NOT FILL OUT THIS FORM OR COMPLETE IT WITHOUT SPEAKING WITH AN ATTORNEY AND RECEIVING ADVICE ABOUT THE POWERS THAT YOU ARE GIVING OTHER PEOPLE AND ITS LEGAL IMPACT.

YOU SHOULD NOT COMPLETE THIS FORM WITHOUT SIGNIFICANT THOUGHT AND ADVICE FROM EXPERTS. YOU ARE ADVISED TO SPEAK WITH AN ATTORNEY BEFORE COMPLETING IT TO FULLY UNDERSTAND ITS IMPACT UPON YOUR RIGHTS AND TO HAVE THEM ASSIST YOU IN COMPLETING THE FORM.

YOU SHOULD NOT COMPLETE THIS FORM UNTIL YOU FULLY UNDERSTAND IT AND ITS IMPACT UPON YOUR RIGHTS AND SPEAKING WITH AN ATTORNEY.

ESTE FORMULARIO SE PROPORCIONA COMO UN EJEMPLO PARA QUE USTED LO REVISE CON SU FAMILIA Y CON ASESORES DE SU CONFIANZA. ESTE FORMULARIO OTORGA DERECHOS Y PODERES MUY AMPLIOS A OTRAS PERSONAS SOBRE SU PROPIEDAD, BIENES, INGRESOS, OBLIGACIONES/DEUDAS, HIJOS Y ATENCIÓN MÉDICA. ESTAS PERSONAS NO TIENEN TALES DERECHOS HASTA QUE USTED SE LOS OTORQUE MEDIANTE ESTE FORMULARIO. NO DEBE LLENAR NI COMPLETAR ESTE FORMULARIO SIN HABLAR CON UN ABOGADO Y RECIBIR ASESORAMIENTO SOBRE LOS PODERES QUE ESTÁ OTORGANDO A OTRAS PERSONAS Y SU IMPACTO LEGAL.

NO DEBE COMPLETAR ESTE FORMULARIO SIN UNA REFLEXIÓN PROFUNDA Y SIN ASESORAMIENTO DE EXPERTOS. SE LE RECOMIENDA HABLAR CON UN ABOGADO ANTES DE COMPLETARLO PARA COMPRENDER COMPLETAMENTE SU IMPACTO EN SUS DERECHOS Y PARA QUE LE ASISTA EN SU COMPLETACIÓN.

NO DEBE COMPLETAR ESTE FORMULARIO HASTA QUE LO ENTIENDA COMPLETAMENTE Y COMPREnda SU IMPACTO EN SUS DERECHOS, Y HASTA HABER HABLADO CON UN ABOGADO.

Temporary Guardian/Custodian of Minor(s)

I/WE....., of
[NAME] [ADDRESS]

....., of
[NAME] [ADDRESS]

Am/are the natural and legal parent(s) of the following minor child(ren):

Name: Date of Birth:.....[mm/dd/yyyy]

Name: Date of Birth:.....[mm/dd/yyyy]

Name: Date of Birth:.....[mm/dd/yyyy]

Name: Date of Birth:.....[mm/dd/yyyy]

After considering the best interests of the child(ren) referred to above, I/WE appoint

....., of
[name] [address]

to stand *in loco parentis*, and be the guardian/custodian of my/our child(ren).

This appointment takes effect on my/our absence from this city, state, and/or country. When I/WE are facing a deportation hearing, or have been deported from the United States then this appointment takes effect and this document provides evidence of my/our specific intent to provide supervision and care for the child(ren).

As a result of this deportation/exclusion from the United States, if I/WE are unable to care for the child(ren), then I/WE direct the appointed guardian/custodian to make any and all reasonable efforts to contact me/us in my/our country of origin or wherever I/WE am deported to, and consult with me/us to the fullest possible extent regarding the care and upbringing of the child(ren) and/or upon our request, to take all steps to the fullest extent to reunite Me/Us with our children in our current location.

On this appointment taking effect, the appointed guardian/custodian has the same parental responsibilities that I/WE currently have which includes, but is not limited to:

The **legal custody** and **primary physical custody** of the Child(ren).

“**legal custody**” means the right to make major decisions on behalf of the child, including, but not limited to, medical, religious and educational decisions;

“**primary physical custody**” means the right to assume physical custody of the child for the majority of time.

There is/is not (circle one) a custody order in effect in the County of

State/Commonwealth of

[if there is an order, attach a copy of the order]

Date: [mmm/dd/yyyy] Signature of parent(s):.....

Date: [mmm/dd/yyyy] Signature of parent(s):.....

This appointment was signed in the presence of WITNESSES [The witnesses to this appointment must be at least 19 years of age and must not be the person appointed as guardian.]

Witness #1 Name (Printed/Typed):

Witness Address:

Signature of Witness:.....

Witness #2 Name (Printed/Typed):

Witness Address:

Signature of Witness:.....

Certificate of Acknowledgement

Commonwealth of Pennsylvania
County of _____

On _____, before me, _____,
(date) (notary)

personally appeared,

_____, _____,
_____, _____ (signers)

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 he/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) upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal
