

DURABLE POWER OF ATTORNEY FOR CARE OF MINOR CHILDREN

Parent's Name: _____ Date of Birth: _____

Address: _____

Name of Child	Date of Birth
Name of Child	Date of Birth
Name of Child	Date of Birth
Name of Child	Date of Birth

Name of Agent: _____

Address: _____

Parent One:

I, _____, of _____ County, Vermont, being the natural parent of _____, _____, _____, appoint _____ of _____ County, Vermont, to be the power of attorney (agent) for my child(ren) named above. I grant the power of attorney all of my powers regarding care and custody of the above-named child(ren), except the power to consent to marriage or adoption, or the power to sell or convey real property belonging to my children. This power includes the authority to perform all of the following responsibilities and have all the rights in connection to the subjects listed below.

Parent Two (if applicable):

I, _____, of _____ County, Vermont, being the natural parent of _____, _____, _____, appoint _____ of _____ County, Vermont, to be the power of attorney (agent) for my child(ren) named above. I grant the power of attorney all of my powers regarding care and custody of the above-named child(ren), except the power to consent to marriage or adoption, or the power to sell or convey real property belonging to my children. This power includes the authority to perform all of the following responsibilities and have all the rights in connection to the subjects listed below.

GRANT OF SPECIFIC AUTHORITY

1. Act as and for me in a parental capacity for the child(ren);
2. Give consent and permission for any kind of medical care and treatment, and to sign any papers to have the child(ren) admitted to a hospital for such purpose, or as may be required to maintain the health of the child(ren);
3. Give consent and permission for enrollment in and admission to school and to resolve problems arising from school attendance, and to sign any papers necessary for school and for the child(ren)'s welfare at school;
4. Perform any act necessary to obtain relief or aid that might benefit the child(ren);
5. Perform any other acts for support, health, and general care of the child(ren) as may be required or necessary.
6. Receive all information and to consent to the release of information related to the children, including protected health and education records and information.

EFFECTIVE DATE AND TERMINATION

7. This Power of Attorney shall become effective only if I am detained and unable to take care of my children as a result of my detention. This Power of Attorney is durable and continues after my detention or incapacity.
8. This Power of Attorney shall be revoked when the agent can be appointed as a Guardian for my child(ren). I nominate the agent as my choice to serve as the minor guardian. This power of attorney shall also revoke automatically at the time that I and my children are reunited, in this country or another.
9. The intent of the power of attorney is to ensure for the proper care and custody of my child(ren), if and only if I cannot fulfill that obligation as a result of being detained. This power of attorney shall not constitute a relinquishment of my parental rights in any way except under the circumstances and in the specific manner as provided in this power of attorney.
10. I, _____, do hereby give to _____, my agent, full power and authority to perform any acts required to protect and promote the welfare of my child(ren), as fully as I might or could do if I were personally present. I confirm all that my agent may lawfully do by virtue of this Power of Attorney and the rights and powers here granted.

I signed this Power of Attorney for Minor appointing my agent before a witness and a notary.

Parent's signature

Date: _____

Parent's signature Date: _____

WITNESS

I declare that the Principal (Parent) appears to be of sound mind and free from duress at the time this Power of Attorney is signed. The parent has affirmed that he or she is aware of the nature of the document and is signing it freely and voluntarily.

Witness's Signature Date: _____

Printed Name

Address

NOTARY

At _____ (town), Vermont, the principal (parent) appeared personally before me and acknowledged that he or she had signed this Power of Attorney freely and voluntarily.

Notary Date: _____

My Commission expires: _____

ACCEPTANCE OF APPOINTMENT

I accept the authority granted to me as the power of attorney in this document and agree to be bound by its terms in carrying out the duties provided in this power of attorney.

Signature of Agent Date: _____

This form was interpreted on _____ by _____
Date Interpreter

STATE OF VERMONT

SUPERIOR COURT

PROBATE DIVISION

Unit

Docket No.:

In re Guardianship of:

Custodial Guardianship Agreement and Family Plan for Families Facing Immigration Proceedings

This Family Plan is for the following child(ren) of the parent(s):

Table with 2 columns: Name of Child, DOB. Three rows for child information.

This Family Plan is agreed upon by the following parties:

- Guardian/Proposed Guardian:
Parent 1:
Parent 2:
I am a: (check one) custodial parent non-custodial parent

We hereby agree that should the parents be detained the Probate Division may issue an Order establishing a custodial minor guardianship for the minor child(ren) with (name of guardian) as guardian under the following terms and conditions:

- 1. As the guardian of the child(ren), I, agree that I will:
a. Take custody of the child(ren) and establish the child(ren)'s place of residence provided that I shall not establish a residence for the child outside of the State of Vermont unless authorized by the Court following notice to the parties and an opportunity for hearing.
b. Make decisions related to the child(ren)'s education;
c. Make decisions related to the child(ren)'s physical and mental health including consent to medical treatment and medication;
d. Make decisions concerning the child(ren)'s contact with persons other than the parents;
e. File an annual status report with the Probate Division and provide a copy of the report to each parent.
f. Consult with (name of parent or parents) when possible prior to making decisions related to:
i. Changes in the child(ren)'s school;

STATE OF VERMONT

SUPERIOR COURT

Unit

PROBATE DIVISION

Case No. _____

In re Guardianship of:

[Empty box for case name]

PARENT'S CONSENT TO CUSTODIAL MINOR GUARDIANSHIP IN THE EVENT OF IMMIGRATION DETENTION

Parent's Information

Name: _____ Date of Birth: _____

Street Address: _____

City/State/Zip: _____

Mailing Address (if different from Street Address): _____

City/State/Zip: _____

Email Address: _____ Phone: _____

I am the custodial parent for the children named below.

non-custodial parent for the children named below.

Proposed Guardians' Information

Guardian's Name: _____

Co-Guardian's Name (if any): _____

Children's Information

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Yes No 1. I understand what a minor custodial guardianship is. I agree the establishment of a minor guardianship for my children is in their best interest.

Yes No 2. I understand this is a very important decision. I have given this matter a lot of thought.

Yes No 3. I understand I have the legal right to raise my children because I am their parent.

I understand I do not have to agree to this guardianship, and I have the right to a full legal proceeding to determine whether I am a suitable parent.

Knowing this, I freely agree to the establishment of a minor guardianship for my children without a full court process. There have been no threats or intimidation by any person, agency, or organization to make me agree to this guardianship.

- Yes No 4. If I am detained by immigration authorities I will be unable to provide the day-to-day care of my children. I agree to the custodial guardianship of my children because I want their needs to be met. The proposed guardians are able to meet the needs of my children.
- Yes No 5. The guardians and I have a plan which identifies what needs to happen in order for the guardianship to end.
- Yes No 6. The proposed guardians and I agree it is important for my children to continue to have a relationship with me. We have completed the *Custodial Guardianship Agreement and Family Plan* (form 700-00061PMG).
- Yes No 7. I understand I can ask the court to end this voluntary guardianship for my children by filing a written request. If the guardians do not agree with a request to end the guardianship, they will have to prove to the court I am unsuitable to parent.

Consenting Parent

Date: _____ Signature _____

Printed Name _____

This form was interpreted on _____ by _____

STATE OF VERMONT

SUPERIOR COURT
Unit

PROBATE DIVISION
Case No. _____

In re Guardianship of:

PARENT'S CONSENT TO CUSTODIAL MINOR GUARDIANSHIP

Parent's Information

Name: _____ Date of Birth: _____

Street Address: _____

City/State/Zip: _____

Mailing Address (if different from Street Address):

City/State/Zip: _____

Email Address: _____ Phone: _____

- I am the custodial parent for the children named below.
- non-custodial parent for the children named below.

Proposed Guardians' Information

Guardian's Name: _____

Co-Guardian's Name (if any): _____

Children's Information

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

- Yes No 1. I understand what a minor custodial guardianship is. I agree the establishment of a minor guardianship for my children is in their best interest.
- Yes No 2. I understand this is a very important decision. I have given this matter a lot of thought.
- Yes No 3. I understand I have the legal right to raise my children because I am their parent.
I understand I do not have to agree to this guardianship, and I have the right to a full legal proceeding to determine whether I am a suitable parent.

Knowing this, I freely agree to the establishment of a minor guardianship for my children without a full court process. There have been no threats or intimidation by any person, agency, or organization to make me agree to this guardianship.

- Yes No 4. I am currently unable to provide the day-to-day care my children require. I agree to the custodial guardianship of my children because I want their needs to be met. The proposed guardians are able to meet the needs of my children.
- Yes No 5. The guardians and I have a plan which identifies what needs to happen in order for the guardianship to end.
- Yes No 6. The proposed guardians and I agree it is important for my children to continue to have a relationship with me. We have completed the *Custodial Guardianship Agreement and Family Plan* (form 700-00061PMG).
- Yes No 7. I understand I can ask the court to end this voluntary guardianship for my children by filing a written request. If the guardians do not agree with a request to end the guardianship, they will have to prove to the court I am unsuitable to parent.

Consenting Parent

Date: _____ Signature _____

Printed Name _____