**Hawaii Minor (Child) Power of Attorney Form**

Pursuant to § 560:5-105

1. For the Minor named [NAME] born on [DATE] (Hereinafter known as the ‘Minor’)

I, [NAME] the [ ]  Parent or [ ]  Court Appointed Guardian with

a street address of [ADDRESS] City of [CITY]

State of [STATE].

(*if co-guardian/parent exists*)

And I, [NAME] the [ ]  Parent or [ ]  Court Appointed Guardian

with a street address of [ADDRESS] City of

[CITY] State of [STATE]

1. I/We hereby appoint [NAME] as the Attorney-in-Fact for

the Minor who is the [RELATION] (relation) with a street address of

[ADDRESS] City of [CITY] State of [STATE]

 (Hereinafter referred to as the ‘Attorney-in-Fact’)

1. I/We delegate to the Attorney-in-Fact the powers of:

*(Initial and Check)*

1. [INITIALS] [ ]  - All authority that I have as the minor’s parent/guardian

legal under the State of Hawaii.

1. [INITIALS] [ ]  - Only the authority to [DETAILS]
2. This power of attorney document shall commence on [DATE] and end on the [DATE] (term cannot exceed one (1) year).

This document can be terminated at anytime by completing a revocation or by creating a new minor power of attorney form.

1. This power of attorney shall be governed under the laws in the State of Hawaii and this terminates any prior written form.

**Parent/Court Appointed Guardian Signature** [\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_](https://esign.com/)

Print Name [NAME] Date [DATE]

**Parent/Court Appointed Guardian Signature** [\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_](https://esign.com/)

Print Name [NAME] Date [DATE]

**Acceptance by Attorney-in-Fact**

The undersigned Attorney-in-Fact acknowledges and executes this Power of Attorney, and by such execution does hereby affirm that I: (A) accept the appointment; (B) understand the duties under the Power of Attorney and under the law.

**Attorney-in-Fact’s Signature** [\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_](https://esign.com/)

Print Name [NAME] Date [DATE]

**Notary Acknowledgement**

State of [STATE]

[COUNTY] County, ss.

On [DATE] before me appeared [NAMES] as the Parent(s)/Court Appointed Guardian(s) who proved to me through government issued photo identification to be the above-named person(s), in my presence executed foregoing instrument and acknowledged that (s)he executed the same as his/her free act and deed.

[\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_](https://esign.com/)

Notary Public

Print Name: [NAME]

My Commission Expires: [DATE]