Provisional Custody by Mandate Form

BASIC INFORMATION				
Person with Parental Authority (1)				
Name (First, Last)	Marital status			
Mailing Address				
Maining Address				
Person with Parental Authority (2) (if applicable)				
Name (First, Last)	Marital status			
Mailing Addross				
Mailing Address				
Children				
List each child covered by this form. Include each child's first and last name.				
Person Receiving Temporary Custody – Qualified Caretaker Relative				

Name (First, Last)

Mailing Address

Temporary Custody Responsibilities

I, the person with parental authority, grant ______ provisional custody of the above-named child(ren). I authorize this person to provide for the health, education, and welfare of the child as outlined by the law on Provisional Custody by Mandate, which includes:

	Person(s) with parental authority initials:	
Health – I authorize the person with provisional custody to authorize medical care, treatment, or surgery as needed or deemed necessary for the child's health, safety, and well-being.		
Education – I authorize the person with provisional custody to enroll the child in schools or other educational institutions as needed for the child's education.		
Discipline – I authorize the person with provisional custody to discipline the child in a reasonable way, as needed for the child's upbringing, supervision, and training.		
Shelter – I authorize the person with provisional custody to do and perform all other necessary acts for the child's shelter, support, and overall well-being.		
Time Period I understand that this Provisional Custody expires in one year.		

By default, this Provisional Custody expires in one year unless stated otherwise below:



I agree that anyone who gets a copy of this document can trust that the person named as the Qualified Caretaker Relative has the authority to act on my behalf. If I cancel or end this agreement for any reason, it does not affect the third party's ability to rely on the Qualified Caretaker Relative's authority until they are told that the agreement is no longer in place. I agree to pay for any damages or losses that the third party may suffer because they relied on the Qualified Caretaker Relative's authority.

PROOF OF NOTARIZATION

Person with Parental Authority (1)

The Qualified Caretaker Relative named above agrees to take temporary care of the children listed in this document. This agreement was made in the City of ______, of _____, in the Parish/County of ______, in the presence of witnesses who have also signed this document. The agreement has been read in full by all parties involved.

I, the notary, am declaring that on the Month, Day, Year, in the presence of the witnesses listed below this document is being signed.

Person with Parental Authority (1)		
	Name of person with parental authority	Signature of person with parental authority
Person Receiving Temporary Custody		
	Name of person receiving temporary custody	Signature of person receiving temporary custody
Witnesses		
	Name of witness	Signature of witness
	Name of witness	Signature of witness
Notary		
	Name and title/notary identification number	Signature of notary

OPTIONAL – If two persons with parental authority are temporarily transferring custody complete the signatures in the next page.

PROOF OF NOTARIZATION

Person with Parental Authority (2)

The Qualified Caretaker Relative named above agrees to take temporary care of the children listed in this document. This agreement was made in the City of ______, of _____, in the Parish/County of ______, in the presence of witnesses who have also signed this document. The agreement has been read in full by all parties involved.

I, the notary, am declaring that on the Month, Day, Year, in the presence of the witnesses listed below this document is being signed.

Person with Parental Authority (1)		
	Name of person with parental authority	Signature of person with parental authority
Person Receiving Temporary Custody		
	Name of person receiving temporary custody	Signature of person receiving temporary custody
Witnesses		
	Name of witness	Signature of witness
	Name of witness	Signature of witness
Notary		
	Name and title/notary identification number	Signature of notary