**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).

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

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