

SOUTH CAROLINA MINOR (CHILD) POWER OF ATTORNEY FORM

1. For the Minor named _____ born on the ____ day of _____, 20__ (Hereinafter known as the 'Minor')
I, _____, the Parent or Court Appointed Guardian with a street address of _____, City of _____, State of _____.

(if co-guardian/parent exists)

And I, _____, the Parent or Court Appointed Guardian with a street address of _____, City of _____, State of _____.

2. I/We hereby appoint _____ as the Attorney-in-Fact for the Minor who is the _____, (relation) with a street address of _____, City of _____, State of _____. (Hereinafter referred to as the 'Attorney-in-Fact').

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

(Initial and Check)

a) ____ - All authority that I have as the minor's parent/guardian legal under the State of South Carolina.

b) ____ - Only the authority to _____

4. This power of attorney document shall commence on the ____ day of _____, 20__ and end on _____, 20__. [Not to exceed six months].

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

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

I DO NOT INTEND, BY THIS POWER OF ATTORNEY, TO RELINQUISH MY PARENTAL RIGHTS OVER AND TO THE MINOR CHILD, AND SAID POWER OF ATTORNEY SHALL NOT EVIDENCE OF ANY INTENT TO ABANDON THE MINOR CHILD.

Parent/Court Appointed Guardian Signature: _____

Printed Name: _____ Date _____

Parent/Court Appointed Guardian Signature: _____

Printed Name: _____ 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: _____

Printed Name: _____ Date _____

Affirmation by Witness 1

I, _____, witnessed the execution of this Power of Attorney by the Parent/Court Appointed Guardian(s), and I affirm that the Parent/Court Appointed Guardian(s) appeared to me to be of sound mind, was not under duress, and the Parent/Court Appointed Guardian(s) affirmed to me that he/she was aware of the nature of this Power of Attorney and signed it freely and voluntarily.

Witness 1 Signature: _____

Printed Name: _____ Date _____

Affirmation by Witness 2

I, _____, witnessed the execution of this Power of Attorney by the Parent/Court Appointed Guardian(s), and I affirm that the Parent/Court Appointed Guardian(s) appeared to me to be of sound mind, was not under duress, and the Parent/Court Appointed Guardian(s) affirmed to me that he/she was aware of the nature of this Power of Attorney and signed it freely and voluntarily.

Witness 2 Signature: _____

Printed Name: _____ Date _____

Notary Acknowledgement

State of _____

_____ County, ss.

On this ____ day of _____, 20____, before me appeared _____, 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.

Notary Public

Printed Name: _____

My Commission Expires: _____