

INSTRUCTIONS

AFFIDAVIT FOR TEMPORARY CUSTODIAN'S HEALTHCARE AUTHORIZATION

This Affidavit is intended to provide parents/guardians with a way to name a temporary custodian who can serve as a healthcare decision maker, on a short term basis, for their minor children. Such authority is limited to that specified in 13 Del. C. § 707(b)(5).

To complete the form:

1. Section I and II
 - a. In Section I, the parent or guardian should fill their name, address and phone number where indicated in Section I. In addition they must select whether they are the biological/adoptive parent or the guardian pursuant to a valid court order.
 - b. If there is a second parent or guardian, in Section II, they should fill their name, address and phone number where indicated in Section II. In addition they must select whether they are the biological/adoptive parent or the guardian pursuant to a valid court order. **Note:** the law does not require more than one parent/guardian to sign, just a parent/guardian, but it is helpful to include both parents where possible.
 - c. For both section I and II, if the family has both biological/adoptive children and children under a guardianship order, separate affidavits should be completed for children in each category.
 - d. Similarly, for both section I and II, if there are two parents/guardians but they do not share all children in common, one affidavit should be done for only the children in common, and a separate affidavit for the other children. For example, if Parent 1 has children 1-3, but parent 2 is only the parent of child 1, one affidavit should be done for child 1 and another for child 2 and 3.
2. Section III: list the names and dates of birth for all minor (under 18) children for whom the Affidavit applies.
3. Section IV: add the name(s) of the adult(s) who you wish to be your child's temporary custodian for the purposes of this Affidavit. Make sure you include their address and telephone number. Be sure to choose someone who you trust to serve this role. We suggest you discuss with the potential temporary custodian ahead of time your wish that they serve this role if necessary and confirm their willingness to do so. The temporary custodian should be provided a copy of the Affidavit, or be told where it is located.
4. If you want this Affidavit to be valid for LESS than one year, add a date in section V.

5. In the presence of an adult witness, WHO IS NOT A PERSON NAMED IN THE AFFIDAVIT, parent/guardian 1 should sign and date the form.
6. If there is a second parent/guardian, parent/guardian 2 should, in the presence of an adult witness, WHO IS NOT A PERSON NAMED IN THE AFFIDAVIT, sign and date the form. The same witness may witness for both parent/guardian 1 and 2.
7. The witness(es) should sign, print their name and list their address on the form. If their role/relationship with the parents/guardians is a professional one, they may list their business address.
8. In the event you are unable to have adult witness(es) to watch the signatures in person, due to the COVID-19 crisis, Delaware licensed attorneys located in Delaware may notarize and/or witness legal documents via audio-visual technology pursuant to the 11th Modification of the Declaration of the State of Delaware Due to a Public Health Threat approved on April 15, 2020. In such instances attorneys may use and attach the ADDENDUM TO AFFIDAVIT FOR TEMPORARY CUSTODIAN'S HEALTHCARE AUTHORIZATION: CERTIFICATE OF NOTARIAL ACT FOR ATTORNEY WITNESSING VIA AUDIO-VISUAL CONFERENCING TECHNOLOGY.

******Disclaimer: this Affidavit was prepared by the Disabilities Law Program and is our best effort to address an imminent need during COVID-19; we make no guarantees that it will be acceptable in all circumstances.******

The AFFIDAVIT FOR TEMPORARY CUSTODIAN'S HEALTHCARE AUTHORIZATION instructions and form were developed by the Disabilities Law Program (DLP) of Community Legal Aid Society, Inc., to assist parents who may have a need to designate a temporary custodian of their child/ren for the purposes of medical decision making. **The development of this form does not constitute legal advice or a formation of an attorney client relationship.**



Should you require legal assistance you may contact the DLP at:

New Castle County: (302) 575-0660 * Kent County: (302) 674-8500 * Sussex County: (302) 856-0038
100 W. 10th St., Ste 801, Wilmington * 840 Walker Rd., Dover * 20151 Office Circle, Georgetown
www.declasi.org

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