

# Parents' Intention for Care of Minor Child

**Use this form** to say what you want to happen if you're not available to care for your child under age 18. You can give Durable Power of Attorney for Parental Powers to the person you name as caregiver in this form. (Use NJP Planning 504).

## 1. Parents and Child

Parent 1 (name) \_\_\_\_\_

Parent 2, if any (name) \_\_\_\_\_

I am / we are the parent/s of (child's name): \_\_\_\_\_

who was born on (child's birthdate): \_\_\_\_\_

We intend that if one parent is not available to care for our child, the other will have custody of the child.

## 2. Caregiver

If no parent or legal guardian is available, I/we intend the child be placed in the residential care of this caregiver:

(Name/s): \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

**Alternate (optional).** Until the child can be placed with the caregiver named above, the child can be placed with this alternate:

(Alternate caregiver name/s): \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

## 3. Reuniting

I/we intend for the child to be reunited with me/us wherever I am/we are (even if not in the United States).

## 4. Contact Information

Here is contact information for me/us **or** someone that can contact me/us:

Contact name (if not me/us): \_\_\_\_\_

Preferred language: \_\_\_\_\_

WhatsApp: \_\_\_\_\_ (country)

Other messaging app: \_\_\_\_\_

Other phone (include country code): \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**5. Acknowledgement**

I am / we are signing of my / our own free will for the purposes stated in this document.

▶ \_\_\_\_\_  
*Signature of Parent 1                      Date*  
*In front of a notary or witnesses*

▶ \_\_\_\_\_  
*Signature of Parent 2 (if any)                      Date*  
*In front of a notary or witnesses*

\_\_\_\_\_  
*Print name*

\_\_\_\_\_  
*Print name (if any)*

**Important!** Parent/s must sign in front of a notary **or** two witnesses. Witnesses must:

- Not be the Caregiver or Alternate
- Not be related to the parent/s by blood, marriage, or state registered domestic partnership
- Not be a care provider for the parent/s (in-home or residential facility)

**Notarization (preferred)**

State of Washington  
County of \_\_\_\_\_

This document was acknowledged before me on (date) \_\_\_\_\_  
by (name/s) \_\_\_\_\_.

▶ \_\_\_\_\_  
Signature of Notary  
Notary Public for the State of Washington.  
My commission expires \_\_\_\_\_.

**Statement of Witnesses (only if you cannot find a notary)**

On (date): \_\_\_\_\_, (name/s): \_\_\_\_\_  
signed this document in my presence. I agreed to witness their signature at their request.

- I am not the Caregiver or Alternate.
- I am not related to this person by blood, marriage, or state registered domestic partnership.
- I do not provide care for this person at home or in a long-term care facility.

**Witness 1**

▶ \_\_\_\_\_  
Signature  
Print name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_

**Witness 2**

▶ \_\_\_\_\_  
Signature  
Print name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_

**Caregiver's Acknowledgement (Optional)**

I acknowledge receipt of the Parents' Intention for Care of Minor Child and consent to the terms and placement of the child in my care.

▶ \_\_\_\_\_  
*Signature of Caregiver*                      *Date*  
  
\_\_\_\_\_  
*Print name*

▶ \_\_\_\_\_  
*Signature of Alternate (if any)*                      *Date*  
  
\_\_\_\_\_  
*Print name (if any)*