IDAHO DEPARTMENT OF CORRECTION

Power of Attorney Delegating Limited Parental Powers for Visitation

I,		, of	,			am
I,, of				(State	e)	_
The natural (mother	er or father) of t	the following mind	or child/children:			
(0110)			born on	/	1	_,
			born on	/	1	
			born on	/	1	
			born on	/	/	
Pursuant to Idaho	Code, section	15-5-104, I do hei	reby appoint(Ente			
(City)	1	(State)	_, my true and lawfu	ıı allom	ey in fact,	to act
, .,	escort the abov	, ,	hild/children to visit _			
				(Ente	r name of the	residen
at an Idaho Depar	tment of Correc	ction (IDOC) facilit	ty.			
This namer of attac	rnovio divon fo	r vooting tompore	my augstady of agid of	sild/abild	dran in	
			ry custody of said ch ng my parental powe			od
(Enter name of pers	on or agent)	and delegan	ig iii) pai oinai ponie	no aan	.go po	ou.
he/she has tempor	rary custody.					
The powers grante	ed will commen	ce and be in force	e and effect beginning	g the	day o	f
,	, 20 , an	d will remain in fo	rce and effect until t	he	day o	f
	, 20, un	less I revoke said	I power at an earlier	date. I	reserve th	e righ
to revoke this pow	er and delegati	on at any time.				
D (141)		22				
Dated this	day of	, 20	_			
(Ocata d'al a casat a da sal	l		<u> </u>			
(Custodial parent or legal	guardian's signature					
O		Notary Se	ction			
State of						
County of			_, personally appea			
On this day						1 - 4
(Name of affiar	, KN nt)	own to me to be t	he person whose na	ıme ıs s	ubscribed	to the
foregoing instrume	ent, and swore		d to me that he exec			
	capacity there	ein expressed, and	d that the statements	s contai	ned therei	n are
true and correct.						
		Notary Public	for Idaho			_
		Residing at _			, Idaho)
		_	on expires:			