OSAGE NATION
CHILD SUPPORT SERVICES
SPECIAL POWER OF ATTORNEY

I _____ _____
Type or print your name (principal) Family Group Number (FGN)

residing at _____
Address City State Zip

hereby appoint _____
Name of person you are appointing to be your authorized representative Relationship Phone Number

of _____
Address City State Zip

as my Attorney-in-fact (authorized representative). My authorized representative shall have full power and authority to act on my behalf, but only to the extent permitted by this Special Power of Attorney.

CHECK ONLY THE APPROPRIATE BOX BELOW THAT APPLIES

My authorized representative's powers shall include the power to:

☐ obtain information or documents from any governmental body or its agencies regarding the child support case with the above-listed FGN.

OR

☐ obtain information or documents from any governmental body or its agencies regarding the child support case with the above-listed FGN. Take any and all legal steps necessary to negotiate, compromise, or settle the child support case with the above-listed FGN with any governmental body or agency including, tax matters; the power to sign releases and agreements; and to prepare, sign, and file documents with any governmental body or agency as fully as I could do if personally present and acting.

My authorized representative shall not be liable for any loss that results from a judgment error that was made in good faith. My authorized representative shall be liable for willful misconduct or the failure to act in good faith while acting under the authority of this Special Power of Attorney.

I authorize my authorized representative to indemnify and hold harmless any third party who accepts and signs under this document.

If I so request or at the request of any other authorized personal representative or fiduciary acting on my behalf, my authorized representative shall provide an accounting for all funds handled and all acts performed as my authorized representative acting under this Special Power of Attorney document.

This Special Power of Attorney shall become effective immediately and shall not be affected by my disability or lack of mental competence, except as otherwise may be provided by an applicable Osage Nation or Federal Law. This is a Durable Power of Attorney. This Special Power of Attorney shall continue in effect until my death. This Special Power of Attorney may be revoked by me at any time by providing written notice to my authorized representative.

I state under penalty of perjury under the laws of The Osage Nation and/or Federal Law the foregoing is true and correct.

_____ _____
Signature of applicant Date and place

The principal is personally known to me and I believe the principal to be of sound mind. I am eighteen (18) years of age or older. I am not related to the principal by blood or marriage, or related to that attorney-in-fact by blood or marriage. The principal has declared to me that this instrument is his or her power of attorney; granting to the named attorney-in-fact the power and authority specified herein; and that he or she has willingly made and executed it as his or her free and voluntary act for the purposes herein expressed.

_____ _____
Signature of witness Printed name of witness

OSAGE NATION)ss
_____)

Before me, the undersigned authority, on this _____ day of _____, 20 _____

personally appeared _____ (principal),

and _____ (witnessed),

whose names are subscribed to the foregoing instrument in their respective capacities, and all of said persons being by me duly sworn, the principal declared to me and to the said witness in my presence that the instrument is his or her power of attorney and that the principal has *willingly* and *voluntarily* made and executed it as the free act and deed of the principal for the purposes therein expressed, and the witness declared to me that he or she is eighteen years of age or over, and he or she is not related to the principal by blood or marriage or related to the attorney-in-fact by blood or marriage.

_____	_____	_____
Notary Public	My commission number	My commission expires

This completed witnessed, and notarized document must be returned to the Osage Nation Child Support Services **BEFORE** anyone from the ONCSS will be able to speak with your authorized representative about your case. Once received, it will remain in effect until ONCSS is notified **IN WRITING** of its revocation.