



**OKLAHOMA DEPARTMENT OF HUMAN 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

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 the Oklahoma Child Support Services (OCSS) regarding the child support case with the above-listed FGN.

**OR**

Obtain information or documents from OCSS 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), including 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. **This Special Power of Attorney does not confer to my authorized representative the right to appear in district court or Office of Administrative Hearings: Child Support on my behalf.**

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 acts under this document.

My authorized representative shall provide an accounting for all funds handled and all acts performed as my authorized representative, if I so request or if such a request is made by any authorized personal representative or fiduciary acting on my behalf.

I understand I may have only one authorized representative at any time. This Special Power of Attorney shall become effective immediately, and shall not be affected by my disability or lack of mental competence, except as may be provided otherwise by an applicable state statute. This is a Durable Power of Attorney. This Special Power of Attorney shall continue effective until my death. OCSS considers this designation in effect until OCSS receives a new Form 03EN010E, Special Power of Attorney, designating another individual as the authorized representative, or written notice that this Special Power of Attorney is revoked. This Special Power of Attorney may be revoked by me at any time.

\_\_\_\_\_  
Principal's signature Date

