



20050803000393580 1/4 \$20.00
Shelby Cnty Judge of Probate, AL
08/03/2005 01:10:00PM FILED/CERT

Affidavit
for
Delegation of Parental Authority
Ala. Code § 26-2A-7

My name is: Robin Green Rinehart

My address is: 612 Pecan Street
Warrior, Alabama 35180

My telephone is: 205-590-1589

The name of the student for whom I am delegating parental responsibility is as follows:

Name of student: Travis Scott Green

Custodial Parent: I am the custodial parent of this student and I am authorized to execute this Delegation of Parental Authority and so indicate by my initials:

Yes, I am the custodial parent: RGR
(Initial or Sign)

Reasons for Delegation: Ala. Code § 26-2A-7 authorizes a custodial parent to delegate parental responsibility on a temporary basis where emergency or other compelling circumstances exist. A Delegation Of Parental Authority is not appropriate to enable a student to zone jump from one school district to another.

Please explain in detail the emergency reasons or other compelling reasons why you are delegating rather than discharging your parental responsibilities:

Due to illness my son Travis Scott Green will
be staying with my aunt Shirley Chiarella
and uncle Sam Chiarella at their residence
1713 Fieldstone Cir, Helena, AL 35080
See separate sheet

(Use separate sheet if necessary)



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Good Standing: Please state whether this student is in good standing (no outstanding disciplinary conditions) at the student's last school:

Yes, in good standing: GR
(Initial)

No, not in good standing: _____
(Initial)

Expected duration of this Delegation of Parental Authority:

From: August of 2005 To: July 2006

Robin Green Rinehart
(Signature)

STATE OF ALABAMA)
Jefferson COUNTY)

I, the undersigned, a notary public in and for said county in said state, hereby certify that Robin Green Rinehart, whose name is signed to the foregoing instrument, and who is known to me, acknowledged before me on this day that, being informed of the contents of said instrument, she executed the same voluntarily on the day the same bears date.

Given under my hand and official seal this 2 day of Aug, 2005

Darlene Green
Notary Public

[NOTARIAL SEAL]

My commission expires: 10-7-07

Notary Public
Darlene Green
State of Alabama
My Commission Expires Oct. 07, 2007

ACCEPTANCE OF APPOINTMENT AS GUARDIAN

We, Shirley F. Chiarella and Sam J. Chiarella, the undersigned do hereby accept the appointment of Guardian of the person and property of Travis Scott Green, a minor, age 17, under that certain Delegation of Powers executed by Robin Green Rinehart dated the 2 day of August, 2005.

We further represent that the residence of said minor is 1713 Fieldstone Cir Helena, AL 35080, which is also our place of residence.

We further certify that we will, in our capacity as Guardians, comply with and perform my duties in the best interest of the minor child, all in accordance with Section 26-2A-7, Code of Alabama, 1988, and the Delegation of Powers hereinabove mentioned.

Shirley F. Chiarella

Sam J. Chiarella

STATE OF ALABAMA)
JEFFERSON COUNTY)

I, the undersigned, a Notary Public in and for said County and State, do hereby certify that Shirley F. Chiarella and Sam J. Chiarella whose name is signed to the foregoing Delegation of Powers and who is known to me, acknowledged before me on this day that, being informed of the contents of said Delegation of Powers, she executed the same voluntarily on the day the same bears date.

Given under my hand and seal this the 2ND day of August, 2005

Blaine B. Barron

NOTARY PUBLIC STATE OF ALABAMA
MY COMMISSION EXPIRES: Oct 31, 2007
BONDED THRU NOTARY PUBLIC UNDERWRITERS

My Commission Expires: _____
(SEAL)



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DEPARTMENT OF NEUROLOGY

May 6, 2005

RE: Robin Rinehart

To Whom It May Concern:

My patient, Robin Rinehart, has a neurological condition known as spasmodic torticollis, which is also called cervical dystonia. This condition consists of involuntary muscle spasms in the neck and shoulders, which causes abnormal positioning of the head, neck and shoulders and also pain in these regions. There is a definitive worsening effect of this medical condition by stressors of different types. Any type of situational, psychological or physical stress can make the symptoms worse. Excessive driving is an example of physical stress, which can worsen the symptoms of spasmodic torticollis. It is my recommendation that Ms. Rinehart minimize these types of stressors and I also request that any cooperation from others in helping her to reduce these stressors would be greatly appreciated by me and by her.

Ms. Rinehart is no longer a resident of Shelby County due to illness. She needs to be close to someone who can aid her with her illness. She also requires a situation where traffic is less stressful or she needs to drive a very limited amount. Ms. Rinehart has requested that her sister and brother in law act a legal guardian to her son. He will then reside in Shelby County to continue school.

Sincerely,

A handwritten signature in cursive script that reads 'Paul Atchison'.

Paul Atchison, M.D.
Associate Professor
Neurology

PA/rd

DEPARTMENT OF NEUROLOGY
1530 3rd Ave. So. SC 360G
Birmingham, Alabama 35294
205-975-8509