

POWER OF ATTORNEY APPLICATION

**Fourteenth Coast Guard District
Legal Assistance Office
PJKK Federal Building, 300 Ala Moana Blvd., #9-216
Honolulu, HI 96850 PH: (808) 541-2108 Fax: (808) 541-2101**

⇒ Before making a General Power of Attorney, you must read this advice from the D14 Legal Assistance Office

Making a General Power of Attorney (GPOA) is an important action that has serious legal consequences. Your GPOA gives someone else the legal authority to act on your behalf—to do *anything* that you would be able to do. With a GPOA, your agent can (for example) rent or buy a house with your money, borrow money that you must repay, sell your car, sue someone for you, or remove all funds from your bank account. Your agent can legally bind you. While a GPOA can be very helpful, it can also be very dangerous. Advice regarding GPOA:

- Don't give away more power than necessary. If you need someone to perform only specific tasks for you, then you don't need a GPOA. Get a *Special* Power of Attorney—one that will authorize your agent to perform only those specific tasks. We can help you prepare one.
- Limit the duration of your Power of Attorney to no longer than 1 year or a shorter period. Don't set the expiration date longer than you will need your agent's services, and don't give the Power of Attorney before it will be needed.
- Make sure your agent is someone you can trust. If you lose trust in your agent, talk with a legal assistance attorney about *revoking* your Power of Attorney.
- Ask to see the "Powers of Attorney" information sheet, and don't hesitate to talk to a legal assistance attorney if you have any questions.

NOTE: YOU MUST HAVE YOUR MILITARY IDENTIFICATION CARD WITH YOU TO EXECUTE YOUR POWER OF ATTORNEY.

PRIVACY ACT STATEMENT: Information is solicited in accordance with Title 10, US Code Section 3012, and is used to provide information necessary in preparation of a Power of Attorney. Solicited information is voluntary; however, failure to provide information precludes the preparation of a power of attorney.					
Your Name (First, MI, Last)		Rank	SSN	DOB	POA Expiration Date
State of Legal Residence:		Where will this Power of Attorney be used?			
Name of Person Receiving POA (Your Agent)		Date of Birth	Complete Address		
Alternate Agent (if applicable)		Date of Birth	Complete Address		
TYPE OF POWER OF ATTORNEY (check one):					
1. <input type="checkbox"/> Special Power of Attorney:		SPECIFY			
2. <input type="checkbox"/> Household goods/personal property:		<input type="checkbox"/> Ship		<input type="checkbox"/> Receive	
3. <input type="checkbox"/> Claims/Financial Transactions:		<input type="checkbox"/> Cash checks, etc. (Check with your bank)		<input type="checkbox"/> File claims/rec. pmts.	
4. <input type="checkbox"/> Gov't quarters:		<input type="checkbox"/> Sign for		<input type="checkbox"/> Clear	
LOCATION OF QUARTERS					
5. <input type="checkbox"/> Sell. <input type="checkbox"/> Buy Real Property:		LOCATION OF PROPERTY		LEGAL DESCRIPTION OF PROPERTY	
6. <input type="checkbox"/> Vehicles:		<input type="checkbox"/> Possess, use, register, etc.		<input type="checkbox"/> Sell	
				<input type="checkbox"/> Buy	
				<input type="checkbox"/> Ship	
				<input type="checkbox"/> Receive	
License Plate Number:		YEAR/MAKE/MODEL		VEHICLE IDENTIFICATION NUMBER	
7. <input type="checkbox"/> Child care:		<input type="checkbox"/> Medical only		CHILDRENS' NAMES and DOB	
8. <input type="checkbox"/> Military Affairs:		LOCATION OF OLD QUARTERS		LOCATION OF NEW QUARTERS	
9. Members Unit and phone					
10. Members Home address & phone					
11. <input type="checkbox"/> General Power of Attorney:		Initial here after reading "Advice from D14 Legal Assistance Office" above.			