

POWER OF ATTORNEY WORKSHEET

INSTRUCTIONS: A power of attorney is a legal document that authorizes someone else to act in your name and as your agent. The actions of your agent using your power of attorney will be binding on you, so you should grant a power only to someone you trust and only to the extent that is absolutely necessary. If you have questions about the use or effect of a power of attorney, the legal assistance staff will be happy to assist you. Making a General Power of Attorney (GPOA) is an important action that has serious legal consequences. 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. (rev. 1/08)

PLEASE COMPLETE THIS FORM IN ORDER FOR US TO PREPARE A POWER OF ATTORNEY			
PRIVACY ACT STATEMENT			
AUTHORITY: 5 U.S.C. § 301; 44 U.S.C. § 3101 (E.O. 9397)			
PRINCIPAL PURPOSE: Obtain personal information to prepare legal document(s).			
ROUTINE USE(S): Information provided will be used by legal assistance personnel to prepare power(s) of attorney requested by the individual providing the information.			
DISCLOSURE: Voluntary; however, failure to provide the requested information may prevent furnishing of requested legal assistance services.			
YOUR SIGNATURE:			DATE:
YOUR FULL NAME (GRANTOR):		EMP ID #:	
YOUR HOME ADDRESS:			
HOME PHONE:	CELL PHONE:	WORK PHONE:	
YOUR E-MAIL ADDRESS:			
YOUR STATE OF LEGAL RESIDENCE:			
YOUR STATUS (CIRCLE ONE):	ACTIVE / DEPENDENT/ RETIREE / RESERVE		
SERVICE ASSIGNED (CIRCLE ONE):	US Coast Guard/ US Navy/ US Marine Corp/ US Army/ US Air Force		
RANK/RATE:	UNIT:	FAX #:	
UNIT ADDRESS:			
FULL NAME of PERSON YOU ARE APPOINTING as YOUR AGENT (GRANTEE):			RELATIONSHIP to you:
AGENT/GRANTEE'S ADDRESS:			

CHECK WHICH DOCUMENT YOU WANT:

_____ **GENERAL** power of attorney - authorizes your agent to act for you and in your name in all matters - including such things as borrowing money, signing contracts, and accessing your bank accounts - in other words, to do anything you could do were you present.

_____ **SPECIAL** power of attorney - authorizes your agent to act for you and in your name only for those matters specified in the document - for example, you can authorize your agent to sell your car or house, ship or receive your household goods.

EXPIRATION DATE OF THIS POWER: _____ (limited to time necessary, or 1 year whichever is shorter. In rare cases can be greater than 1 year after consult with an attorney)

POA will be Notarized by: (CIRCLE ONE) **NOTARY PUBLIC** or **MILITARY OFFICER**

SPECIAL POWERS OF ATTORNEY ONLY

FILL IN THE TYPES OF POWER OF ATTORNEY REQUESTED:									
<input type="checkbox"/> AUTOMOBILE:		SELL		REGISTER		INSURE		SHIP	
Sell Auto Asking Price \$	YEAR	MAKE:	MODEL:	COLOR:	VIN:		STATE:	TAG:	
Register Auto:	YEAR	MAKE:	MODEL:	COLOR:	VIN:		STATE:	TAG:	
Insure:	YEAR	MAKE:	MODEL:	COLOR:	VIN:		DL #:	STATE:	TAG:
Ship Auto From: (address)					Ship Auto To: (address)				
YEAR	MAKE:	MODEL:	COLOR:	VIN:		STATE:	TAG:		
<input type="checkbox"/> BANKING TRANSACTIONS:				Cash Checks			Endorse Instruments		
<input type="checkbox"/> Apply for loans				Indicate amount: \$ _____ and max. interest rate % _____					
<input type="checkbox"/> Access Bank Accounts				Bank Name:			Account #:		
<input type="checkbox"/> Bill Paying				Company/Service:			Account #:		
				Company/Service:			Account #:		
<input type="checkbox"/> REAL PROPERTY TRANSACTIONS:				<input type="checkbox"/> Buy	<input type="checkbox"/> Sell	<input type="checkbox"/> Mortgage	<input type="checkbox"/> Refinance	<input type="checkbox"/> Manage Rental Property	
Address of Real Estate (City and State - including county):									
Legal Description of Title to Real Estate: preferably what is listed on the deed – at a minimum must describe what type of property is being rented, bought, or sold – condo, single-family etc...									
Asking/Selling Price (no less than \$xx): \$ _____					Purchase Price- (not to exceed \$xx): \$ _____				
Loan application - in the amount of: \$ _____									
Contract with builder		Lot: _____			City: _____			State: _____	
Mortgage Company:		Mortgage Loan amount: \$ _____			Interest Rate of Mortgage- not to exceed x% ____% (example 8% or 6 ¾%)				
<input type="checkbox"/> HOUSEHOLD GOODS:									
Ship Property From:					Ship Property To:				
<input type="checkbox"/> Vacate	<input type="checkbox"/> Accept	Government housing located at:							
<input type="checkbox"/> CHILD CARE PROVISIONS:									
Name of Child				D.O.B		last 4 of SSN			
Name of Child				D.O.B		last 4 of SSN			
Name of Child				D.O.B		last 4 of SSN			
<input type="checkbox"/> Emergency Medical Care					<input type="checkbox"/> In loco parentis (temporary guardianship)				
<input type="checkbox"/> Babysitting/Temporary Custody of Child(ren)					<input type="checkbox"/> Medical and Dental care				
<input type="checkbox"/> School Administration					<input type="checkbox"/> Evacuation				
***If divorced and leaving child with a 3 rd party, is the non-custodial parent aware of this POA? (CIRCLE ONE) YES / NO									
<input type="checkbox"/> MISCELLANEOUS:									
File Income Taxes: (CIRCLE ONE or BOTH): State					Federal				
Litigation: Court _____ City _____ State _____ Case Type: _____									
<input type="checkbox"/> REVOCAION of POWER of ATTORNEY					Type of POA Granted		<input type="checkbox"/> Special	<input type="checkbox"/> General	
Name of Grantee/Agent:					Date Granted:				