

POWER OF ATTORNEY WORKSHEET

Please complete both sides of 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 (attorneys, legalmen, paralegals and clerical staff 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.

Please prepare the requested legal document for me using the information provided below.

Client's signature

Today's date

NAME OF GRANTOR: _____
(First Name, Middle Initial, Last Name)

RANK/RATE: _____ SSN: _____

ORGANIZATION: _____

LOCAL HOME ADDRESS: _____

ACTIVE DUTY FAMILY MEMBER CIVILIAN RETIRED

PLEASE CHECK YOUR STATUS:
CIVILIAN/DEPENDENT/RETIREE _____ NAVY _____ USNR _____ USMC _____ USMCR _____
USCG _____ USCGR _____ ARMY _____ USAR _____ USAF _____ USAFR _____
OTHER (specify) _____

NAME OF PERSON RECEIVING POA: _____

ADDRESS: _____

EXPIRATION OF POA (maximum one year): _____

GENERAL POWER OF ATTORNEY

SPECIAL POWER OF ATTORNEY(S): If desired, please check one or more of the following special powers of attorney on the next page.

1. AUTOMOBILE:

Sell Register Ship Transfer Title Other

Year: _____ Make: _____ Model: _____ Color: _____
License: _____ Vehicle ID#: _____

For shipment of POV:

Shipment To

Shipment From

2. IN LOCO PARENTIS/MEDICAL

Name of Child(ren) and DOB:

(1) _____

(2) _____

(3) _____

(4) _____

(5) _____

(6) _____

3. CHECK CASHING

United States Savings Bonds # _____, # _____, # _____

Government Checks (U.S. Treasury)

4. REAL ESTATE:

Sell Buy Manage Mortgage

Address of Real Estate: _____

Legal Description of Title to Real Estate: _____

5. HOUSEHOLD GOODS:

Ship Receive

Shipment from: _____ Shipment To: _____

6. OTHER (please describe): _____

7. REVOCATION OF POWER OF ATTORNEY:

Name of person granted power of attorney: _____

Type of power of attorney granted: Special General

Date power of attorney was granted: _____