

FOR OFFICE USE ONLY:

INTAKE CLERK _____ ID CARD SCREEN _____ MIL ORDERS SCREEN _____ WALK IN NUMBER _____ CMTIS _____
APPT TIME _____ APPT WITH _____ NOTARY _____ GPOA _____ SPOA _____ AFFIDAVIT _____

POWER OF ATTORNEY/NOTARY SERVICE WORKSHEET

FOR OFFICIAL USE ONLY – PRIVACY ACT SENSITIVE. Any misuse or unauthorized disclosure may result in both civil and criminal penalties. PRIVACY ACT STATEMENT: AUTHORITY 5 U.S.C. 301 & 44 U.S.C. 3101 DOD ID NUMBER PRINCIPAL PURPOSE(S): 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.

MANDATORY/VOLUNTARY DISCLOSURE, CONSEQUENCES OF REFUSAL TO DISCLOSE: Disclosure of DoD ID Number is voluntary and there will be no adverse consequence from refusal to disclose; however, an individual may be requested to establish eligibility for services by other means (e.g., production of military identification). Refusal to establish eligibility may preclude the requested assistance. Disclosure of all other requested information is voluntary, but failure to provide such information may limit this Command's ability to provide assistance.

Your Name (Last, First, Middle):			DoD ID Number (if known):		
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		Date of Birth: DD MMM YYYY		Branch of Service: <input type="checkbox"/> USN <input type="checkbox"/> USMC <input type="checkbox"/> USAF <input type="checkbox"/> USCG <input type="checkbox"/> USA <input type="checkbox"/> DoD	
Rank/Rate:	Pay Grade:	Eligibility: Office Staff: Reference JAGMAN §0706 for details on Legal Assistance eligibility and consult with your supervisor on eligibility questions. <input type="checkbox"/> Active Duty <input type="checkbox"/> Dependent of Active Duty Member <input type="checkbox"/> Reservist <input type="checkbox"/> Retiree <input type="checkbox"/> Dependent of Retiree <input type="checkbox"/> DOD			EAOS:
Command:			UIC:		
Your Home Address:			Your Mailing Address:		
Home Phone:			Cell Phone:		
Work Phone:			Email:		

Please prepare the following notary service(s) or legal document(s) for me using the information provided below.

1. **NOTARY SERVICE** *Please indicate the document you wish to have notarized:*
 Power of Attorney Affidavit Other: _____

2. **POWER OF ATTORNEY (POA) SERVICE** *Please provide the information below to request a power of attorney:*

Name of person receiving POA (Last, First, Middle): _____

Address: _____ Phone number: _____

Desired expiration date for POA (Limited to one year or length of deployment): _____

Desired type of POA:

- GENERAL POWER OF ATTORNEY:** *STOP HERE if you only need a General Power of Attorney. Read and sign the "Understanding Your POA" form.*
- SPECIAL POWER(S) OF ATTORNEY (SPOA):** *Read and sign the "Understanding Your POA" form, then choose one or more of the SPOAs on the following page. Choose only the SPOA(s) necessary to conduct your affairs while you are away.*
- REVOCAION (CANCELLATION) OF POWER OF ATTORNEY:** *Please provide the information below.*

Name of person who was granted Power of Attorney: _____

Type of Power of Attorney granted: Special General

Date Power of Attorney was granted: _____

Type of Special Power of Attorney granted (if applicable): _____

Your Signature _____ **Date:** _____

SPECIAL POWER OF ATTORNEY (SPOA) REQUEST FORM

Please choose from options 1 through 8 below to select the power(s) of attorney which are necessary to conduct your affairs while you are away.
Note: Please select **ONLY** those powers which are applicable to your situation.

1. BANKING *Please choose the banking power(s) you wish to grant your agent:*

- Endorse Checks Make deposits Endorse/Deposit Gov't Checks (U.S. Treasury) Obtain credit Obtain Navy Relief loan
 Access Safe Deposit Box Withdrawal (limited to): _____ Obtain loan (for no more than): _____
Bank Name: _____ Savings Acct #: _____
Checking Acct #: _____ Safe Deposit Box number (if applicable): _____

2. CHILDREN (IN LOCO PARENTIS / MEDICAL / CONSENT TO TRAVEL / FAMILY CARE PLAN)

Please choose the power(s) you wish to grant your agent with respect to your children:

- In Loco Medical/Dental Emergency Medical Care Evacuation Family Care Plan
 Consent for Minors to Travel *Please provide travel destination and passport information for children and grantee below.
 Custom insert: _____
Initial Date of Care: _____ Last Date of Care: _____ Grantee Phone #: _____
Name(s) of Child(ren) Date of Birth Passport # (Consent to travel only) Passport Exp. Date
(1) _____
(2) _____
(3) _____
Travel Destination (Consent to travel only): _____
Grantee Passport Number/Expiration Date (Consent to travel only): _____

3. DEERS/MILITARY DEPENDANT ID CARDS *Please choose the power(s) you wish to grant to your agent:*

- Obtain ID card Enroll in DEERS *NOTE: DD Form 1172 is also required by PSD for issuance of dependent ID cards

4. HOUSEHOLD GOODS (INCL. AUTO) *Please choose the power(s) you wish to grant to your agent with respect to household goods:*

- Ship household goods Ship auto Receive household goods Claim damages
Shipment to/from _____ Location where car to is be returned to you (if applicable) _____

5. MILITARY HOUSING *Please choose the power(s) you wish to grant to your agent with respect to military housing:*

- Accept quarters Vacate quarters Quarters located at: _____

6. PERSONAL PROPERTY/AUTOMOBILE *Please choose the power(s) you wish to grant to your agent with respect to your property/auto:*

- Purchase household items (provide description of items and maximum cost of item(s): _____
 Mail: Receive/forward, etc Make claim for damage/loss Register auto in state of: _____ Transfer title of auto
 Use/maintain auto Sell auto (for no less than): _____ Purchase auto (for no more than): _____
Provide applicable auto info: Year: _____ Make: _____ Model: _____ Color: _____ License #: _____
VIN #: _____ Current Registration State: _____ Insurance Co/Policy #: _____

7. REAL ESTATE *Please choose the power(s) you wish to grant to your agent with respect to real estate. For buying/selling/refinancing, attach copy of legal description of title to real estate.*

- Manage Lease Settle claims Mortgage Refinance Obtain loan Buy (for no more than): _____
 Sell (for no less than): _____ Rent (for no more than): _____
Address of real estate: _____
Max interest rate for loan if applicable: _____ Fixed interest rate or variable interest rate? _____

8. CUSTOM INSERT: _____

