

**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, legal men, 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.

**POWER OF ATTORNEY WORKSHEET**      **DATE:** \_\_\_\_\_

NAME OF GRANTOR: \_\_\_\_\_ GENDER: \_\_\_\_\_  
(First Name, Middle Initial, Last Name)

SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

BRANCH: (**circle one**) USN USMC USAF USA USCG      RATE: \_\_\_\_\_ RANK: \_\_\_\_\_

ACTIVE DUTY    FAMILY MEMBER    CIVILIAN    RETIRED    RESERVE AD W/ORDERS

COMMAND: \_\_\_\_\_ UIC: \_\_\_\_\_

LOCAL HOME ADDRESS: \_\_\_\_\_

HOME#: \_\_\_\_\_      Address      Apt/Unit      City      State      Zip Code  
WORK#: \_\_\_\_\_      CELL#: \_\_\_\_\_

E-MAIL \_\_\_\_\_

NAME OF PERSON RECEIVING POA: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE# \_\_\_\_\_      EXPIRATION OF POA (**maximum one year**): \_\_\_\_\_

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

**IMPORTANT INFORMATION:** If you want to cancel or revoke your powers of attorney before it expires, you may need to contact, in writing, any person of institution who might have, or will possibly, deal with your agent and notify them of your intent to revoke the power of attorney. Please note that no party is ever legally required to accept a Power of Attorney (even a military Power or Attorney) regardless of the legality or validity of the Power of Attorney.

In some cases, certain individuals, banks of businesses will only accept a Power of Attorney that meets their individual standards. We recommend that you endure that this Power of Attorney meets the standards required by the agencies and businesses with which your agent will conduct transactions. Many banks, financial institutions, tax preparation businesses, etc. have their own forms. You are advised to check with them first. Your agent **MUST** have the ORIGINAL Power of Attorney. You may wish to make a copy for your own records.

**\*\*Would you like this power of attorney to continue in effect if you were to become a POW or MIA?\***  
 **YES**    **NO**

OFFICE USE ONLY:  
LEGALMEN/ PARALEGAL/ ATTORNEY: \_\_\_\_\_  
Notary: \_\_\_\_\_ GPOA: \_\_\_\_\_ SPOA: \_\_\_\_\_ Affidavit: \_\_\_\_\_ CMTIS Entry: \_\_\_\_\_  
Intake Time: \_\_\_\_\_ Completed Time: \_\_\_\_\_

1.  **AUTOMOBILE:**     Sell    Register    Ship    Use/Maintain    Other \_\_\_\_\_  
Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_ State: \_\_\_\_\_  
License: \_\_\_\_\_ Vehicle ID#: \_\_\_\_\_  
**For shipment of POV:**  
FROM: \_\_\_\_\_ TO: \_\_\_\_\_

2.  **IN LOCO PARENTIS**                       **MEDICAL/ DENTAL**                       **FAMILY CARE PLAN**  
Name of Child (Children): \_\_\_\_\_ Date of Birth \_\_\_\_\_  
(1) \_\_\_\_\_  
(2) \_\_\_\_\_  
(3) \_\_\_\_\_

3.  **BANKING:**    Deposit Funds    Withdraw Funds Limited    Unlimited    Safe Deposit Box Access  
 Obtain NMCRS Loan for Grantor    Endorse negotiable instruments    Obtain Credit Card for Grantor  
Bank Name: \_\_\_\_\_ Account # \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Checking/Savings (**circle one**)  
Grantor's info for NMCRS loan: EOAS \_\_\_\_\_ Rate/Rank \_\_\_\_\_  
Command Address: \_\_\_\_\_

4.  **REAL ESTATE:**     Sell    Buy    Manage    Refinance    Lease    Apartment Lease  
Full Address of Real Estate: \_\_\_\_\_  
City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
**MAXIMUM** amount: \_\_\_\_\_ **MINIMUM** amount: \_\_\_\_\_  
**MAXIMUM Interest Rate:** \_\_\_\_\_  
Legal Description of Title to Real Estate: \_\_\_\_\_

5.  **HOUSEHOLD GOODS:**    Ship    Receive    Claim and Receive  
Shipment from: \_\_\_\_\_ Shipment To: \_\_\_\_\_  
Bank Name: \_\_\_\_\_ Account #: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_

6.  **REVOCAION 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:** \_\_\_\_\_  
Address of person power of attorney was granted to: \_\_\_\_\_

7.  **MILITARY HOUSING:**  
 Accept – Full Address: \_\_\_\_\_  
 Vacate – Full Address: \_\_\_\_\_

8.  **INSURANCE:** Item to be insured: \_\_\_\_\_ Insurance Co. \_\_\_\_\_

9.  **AFFIDAVIT:** \_\_\_\_\_  
 **Paternity:** Name of Child: \_\_\_\_\_ DOB: \_\_\_\_\_  
Place of Birth (Child): \_\_\_\_\_ Maiden Name of Mother (First, Last): \_\_\_\_\_  
Sponsor's Age at Birth: \_\_\_\_\_ Highest Education Completed: \_\_\_\_\_ Occupation at Birth: \_\_\_\_\_  
City & State of Your Birth: \_\_\_\_\_

**Travel Outside of the Continental US:**  
Country: \_\_\_\_\_ Dates Traveling (From & To): \_\_\_\_\_  
Name of Child: \_\_\_\_\_ Name of Child: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Name of Guardian: \_\_\_\_\_

10.  **OTHER** (please describe):  
\_\_\_\_\_  
\_\_\_\_\_