

PRIVACY ACT STATEMENT: Individuals seeking legal assistance are required to provide personal information. The authority for soliciting and maintaining this information is found in 5 U.S.C. Section 3101. The information you provide will be used by the personnel of this legal office to assign as attorney to you, to prepare a power-of-attorney, to monitor progress achieved toward the preparation and execution of your power-of-attorney and to provide periodic workload productivity and statistical reports. The information you are required to provide is solicited on a voluntary basis; however, failure to provide the required information could result in this office being unable to provide the desired power-of-attorney.

GRANTOR'S FULL NAME: _____

GRANTOR'S CURRENT RESIDING ADDRESS: _____

CONTACT TELEPHONE NUMBER: (_____) _____ - _____

GRANTEE'S FULL NAME: _____

GRANTEE'S FULL ADDRESS: _____

EXPIRATION DATE (MAXIMUM OF 1 YEAR): _____

SIGNATURE: _____ DATE: _____

_____ **GENERAL POWER OF ATTORNEY** by language covers everything; however, in some circumstances it may NOT be accepted for any of the transactions below. If you would like a GPOA please read and sign the GPOA Information Sheet to obtain one.

IRS will ONLY accept their own power of attorney concerning income taxes. You can download this form free at [www.irs.gov Form 2848](http://www.irs.gov/Form2848) or ask Legal Assistance Staff for a copy. IRS POA does NOT need to be notarized or witnessed. Further inquires contact the IRS at 1-800-829-1040 or the Silverdale office at 360-698-5861.

SPECIAL POWER OF ATTORNEY

Check the appropriate block(s) and complete the required information for that block.
ENSURE THAT ALL INFORMATION IS COMPLETELY FILLED IN

BANKING

___ A. Deposit & Withdraw funds

Savings Account numbered _____

Checking Account numbered _____

Bank _____ City _____ State _____

All funds

Monthly paycheck

Other limits (*i.e. maximum amount per withdrawal*) _____

___ B. Deposit funds ONLY at any bank in my name

___ C. Withdraw funds only (LIMITED)

Number of checks authorized:

___ one check ___ more than one check

Up to a specific amount \$ _____

for a specific amount \$ _____

Bank _____ City _____ State _____

Checking Account Numbered _____

Purpose: _____

___ D. Endorse all negotiable instruments

___ E. Obtain a loan from any bank in the
Amount of \$ _____

___ F. Access to all Safety Deposit Box and Vault rented
in my name and the power to close such

REAL ESTATE PROPERTY

___ A. Purchase Real Estate Property:

(LA Staff select Obtain Mortgage & Loan in HotDocs Program)

Name of Town/City/Village: _____

County _____ State _____

Is there a Deed? Yes _____ No _____

May enter into: Contract _____ Mortgage _____

Address: _____

Limits: _____

Type of Loan (i.e. VA, Conventional, FHA): _____

___ B. Sale of Property (this is property you own):

Street Address _____

City _____ State _____

What type of deed? _____

(i.e. Deed of Trust, Warranty Deed)

New address _____

___ C. Lease of Property (This is property you own):

Street Address _____

City _____ State _____

Monthly rent: \$ _____ Ending date of lease: _____

___ D. Lease Quarters & Settle Claim (this is property you want to rent i.e. Apartment):

Address: _____

Security Deposit \$ _____

___ E. Manage Property (this is property you own):

Street Address _____

City _____ State _____

Bank _____ City _____ State _____

Account No. _____

Mortgage Payment \$ _____

Due on _____ of each month

Mortgage Company _____

Mortgage Company Address _____

___ F. Refinance Property (this is property you own):

Street Address _____

City _____ State _____

PERSONAL PROPERTY

___ A. Use & Maintain Vehicle:

Year _____

Make _____ Model _____

Serial Number _____

Restrictions _____

Year _____

Make _____ Model _____

Serial Number _____

Restrictions: _____

___ B. Maintain & Sell Vehicle:

Year _____

Make _____ Model _____

Serial Number _____

Restrictions _____

Sale Option: Not less than \$ _____ at fair market value _____

Fair and reasonable amount _____ Grantee's consideration _____

Year _____

Make _____ Model _____

Serial Number _____

Restrictions _____

Restrictions: _____

Sale Option: Not less than \$ _____ at fair market value _____

Fair and reasonable amount _____ Grantee's consideration _____

___ C. Register Vehicle:

Vehicle registered in which State: _____

(i.e. Washington, California, Texas, etc.)

Year _____

Make _____ Model _____

Serial Number _____

Year _____

Make _____ Model _____

Serial Number _____

___ D. Purchase Vehicle:

Make _____ Model _____

Limits _____

___ Or any vehicle

___ E. Sell Vehicle:

Year _____

Make _____ Model _____ Vin _____

Bank _____ City _____ State _____

Account No. _____

PERSONAL PROPERTY (Cont.)

___ F. Mail: Forwarding, Receiving, Open/Read

___ G. Make claim: damage/theft/loss:

Item _____

Direct Deposit to Account Numbered: _____

INSURANCE

___ A. Item to be insured: _____

- Any insurance Company
- Specific Insurance Company

MILITARY HOUSING

___ A. Accept/Vacate with FOREST CITY COMMUNITIES at Navy Region NW NBK Military Housing

- EJB Cleaning (this is when you hire a private contractor to effect the cleanliness of your Unit upon vacating)

___ B. Accept/Vacate with JACKSON PARK

___ C. Accept housing:

Address or Base name: _____

___ D. Vacate housing:

Address or Base name _____

CHILD CARE

Start date of care _____

End date of care _____

Caregivers phone number:

(_____) _____

Name and Date of Birth of child(ren)

- EMERGENCY CARE
- MEDICAL AND DENTAL CARE
- IN LOCO PARENTIS
(Definition: In place of the parent. Note: In loco parentis power of attorney is NOT a legal transfer of guardianship)

HOUSEHOLD GOODS

___ A. Ship household goods

Present location: _____

Housing office new location: _____

To a residential address of: _____

___ B. Ship Hold Baggage:

From: _____ To: _____

___ C. Ship Vehicle:

Year _____

Make _____ Model _____

Serial Number _____

Present location of vehicle: _____

Shipping to: _____

Vehicle registered in:

(i.e. Washington, California, Texas, etc.)

___ D. Receive & Claim for Damages:

Shipped from: _____ to _____

Bank _____ City _____ State _____

Account No. _____

PERSONNEL SUPPORT DETACHMENT

- Start an allotment
- Stop an allotment
- Change an allotment
- Receive LES
- DEERS/TRICARE enrollment
- Obtain Military Dependent ID card in my absence

CUSTOM LANGUAGE

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