	FOR OFFICE USE	<u>ONLY</u> :			
WALK-IN TIME TIME FORM 7	TURNED IN TIME D	OCS NOTARIZED	ID	CARD SCREEN	
INTAKE CLERK		CMTIS	_SPOA	AFFIDAVIT	

POWER OF ATTORNEY WORKSHEET

FOR OFFICIAL USE ONLY - PRIVACY ACT SENSITIVE. Any misuse or unauthorized disclosure may result in both civil and criminal penalties.

PRIVACY ACT STATEMENT: AUTHORTY 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 and Contact:	Paygrade:	Branc (check of	h Affiliation	:			
Last name Suffix		USN	USMC	USAF	USCG	USA	DoD
First name MI	Legal Assistance (check one) Active Duty	Eligibilit	by:	Depende	nt of Active	Duty Men	ıber
Street address	Reservist (in	active/dri	lling)	Depende	nt of Retiree		
	Retiree			Depende	nt of Overse	as DOD C	ivilian
City, State, Zip	20/20/20 Sp	ouse					
	DOD Civilia	n					
Phone	Overseas DO	DD Contra	actor				

Completing this Worksheet. To complete this worksheet, mark the box next to the type of Power of Attorney (POA) you wish to grant and complete the associated prompts below each selection. If repeating information in subsequent entries, you may write "same" or "same as above."

Understanding Your Power of Attorney. Before receiving your POA from us, you must review, sign, and return page 6 of this document entitled "Understanding Your Power of Attorney."

Durable POA Selection. Mark the following boxes if you want your POAs to survive a period of incapacity/incompetence (i.e., durable) and if you want the POAs to survive a period while Missing In Action (i.e., MIA): \Box Durable \Box MIA.

☐ <u>GENERAL FINANCIAL POWER OF ATTORNEY (GFPOA)</u>: Because third parties often reject broader, "general" POAs, this form is recommended to conduct routine financial matters such as basic banking transactions, paying bills, or filing taxes.

Grantee's address

Expiration date (max. 1 year)

SPECIAL POWER(S) OF ATTORNEY (SPOA): Choose from the SPOAs listed on pages 2 through 5 to meet your needs.

<u>REVOCATION (CANCELLATION) OF POWER OF ATTORNEY:</u>

□ Special □ General

Type of POA(s) to be revoked

Date granted

List any account number(s)/information associated with any POAs to be revoked in the space below:

SPECIAL POWER OF ATTORNEY (SPOA) REQUEST FORM

Complete the prompts listed below for the type of POA desired.

1. <u>AUTOMOBILE</u>: For shipping, see No. 5 (Household Goods). For all other automobile matters, see No. 9 (Personal Property).

2. <u>BANKING</u>:

Grantee's full name	Grantee's address	Expiration date (max. 1 year)
Bank name	Checking account number	Savings account number
Mark the banking powers you wish to g	grant:	
 Deposit and withdrawal limited to Deposit only Endorse (sign) checks/refunds reco Obtain loan for no more than \$	\Box Open or access safe deposit bo	
<u>CHILDREN</u> :		
Grantee's full name	Grantee's address and phone number	Expiration date (max. 1 year)
☐ Child Care (<i>in loco parentis</i>) (spe ☐ Family Care Plan (for future date		Dates of care
Mark the child care powers you wish	to grant:	
 Access medical records Access school records Dental Enroll in recreational activities Enroll in school 	 Emergency medical care Evacuation Medical appointments Mental health appointments Vision 	for international travel
List (1) child name(s); (2) date(s) of	f birth; and if travelling abroad, (3) passport number(s)	and expiration date(s):
		CONUS 🗌 OCONU
Name	Date of birth Passport number and expiration	

Name	Date of birth	Passport number	and expiration	
Name	Date of birth	Passport number	and expiration	CONUS 🗌 OCONUS
Mode of travel (<i>i.e.</i> , car, plane, etc.)	Destination(s)	Travel dates	Grantee passport numb	per and expiration

4. <u>DEERS/MILITARY AND DEPENDENT ID CARDS/PERSONNEL SUPPORT DETACHMENT (PSD) MATTERS</u>: This SPOA allows your grantee to obtain an ID Card for you, enroll in DEERS, and generally deal with PSD on your behalf. If not included in the SPOA, PSD requires DDForm 1172 for DEERS enrollment when sponsor is not present.

	Grantee's full name	Grantee's address			Expiration date (max. 1 year)
					POA to include dealings with a Public g., on-base, non-military housing). If so,
	PSD or base address			PV address in s	
5.	HOUSEHOLD GOODS (HHG):				
	Grantee's full name	Grantee's address			Expiration date (max. 1 year)
	Mark the power(s) you wish to grant	with respect to household go	ods:		
	Ship: ☐ HHG ☐ Auto	Receive: 🗌 HHG 🗌 Auto			mages/File damages claim and deposit claim monies
	HHG/vehicle pickup address	HHG/vehicle drop-off address	s Bar	nk name, accou	nt number, city and state for claim deposit
	Vehicle year, make, and model	VIN number	Reg	gistration state	Insurance company/Policy number
6.	INSURANCE:				
	Grantee's full name	Grantee's address			Expiration date (max. 1 year)
	Item(s) to insure				Insurance company name
	Medical insurance company and policy numbe	r, if applicable			
7.	MAIL:				
	Grantee's full name	Grantee's address			Expiration date (max. 1 year)
8.	MILITARY HOUSING:				
	Grantee's full name	Grantee's address			Expiration date (max. 1 year)
	Choose the power(s) you wish to gro	ant with respect to military he	ousing:		
	Accept quarters located at				
	□ Vacate/sign off quarters located	at			
		3 of 7			Revised 30 October 20

9. <u>PERSONAL PROPERTY</u>: Includes purchase, registration, sale, and use of automobiles.

Grantee's full name	Grantee's address		Expiration date (max. 1 year)
Choose the powers you wish to	o grant with respect to personal pro	perty:	
Use/maintain auto	Purchase auto for no more than \$		o less than \$ in state of
Vehicle year, make, and model	VIN and license plate number	Registration s	tate Insurance company/policy number
 Mail (receive/forward) Make claim for damage/lo Use/maintain personal pro- 			l personal property no less than \$
Describe personal property to be	purchased or sold		
• <u>PET CARE</u> :			
Grantee's full name	Grantee's address		Expiration date (max. 1 year)
	Gender Vet. name, address, and phone Mark box if emergency vet clinic allowed. (If different		Max. amount for vet payment ontact info)
List any additional pets or pet			
List any additional pets or pet	Mark box if emergency vet clinic allowed. (If different		
List any additional pets or pet REAL ESTATE : Grantee's full name	Mark box if emergency vet clinic allowed. (If different information in the space below:	ent from regular vet have, provide o	Expiration date (max. 1 year)
List any additional pets or pet	Mark box if emergency vet clinic allowed. (If different information in the space below: Grantee's address o, other structure, or land only)		Expiration date (max. 1 year)
List any additional pets or pet REAL ESTATE : Grantee's full name Write property type (i.e., house, cond	Mark box if emergency vet clinic allowed. (If different information in the space below: Grantee's address o, other structure, or land only) Addree you wish to grant: e Sell for no less than	ent from regular vet have, provide of ess (including name of county) Manage/lease at \$p	Expiration date (max. 1 year)
☐ List any additional pets or pet . REAL ESTATE: Grantee's full name Write property type (i.e., house, cond Choose the real estate power(s) ☐ Buy/Refinance for no mor	Mark box if emergency vet clinic allowed. (If different information in the space below: Grantee's address o, other structure, or land only) Addree you wish to grant: e Sell for no less than	ent from regular vet have, provide of ess (including name of county)	Expiration date (max. 1 year)
□ List any additional pets or pet List any additional pets or pet CREAL ESTATE: Grantee's full name Write property type (i.e., house, cond Choose the real estate power(s) □ Buy/Refinance for no mor than \$	Mark box if emergency vet clinic allowed. (If different information in the space below: Grantee's address o, other structure, or land only) Addree you wish to grant: e Sell for no less than	ent from regular vet have, provide of ess (including name of county) Manage/lease at \$ po for month	Expiration date (max. 1 year)
□ List any additional pets or pet List any additional pets or pet List ESTATE: Grantee's full name Write property type (i.e., house, cond Choose the real estate power(s) □ Buy/Refinance for no mor than \$	Mark box if emergency vet clinic allowed. (If different information in the space below: Grantee's address o, other structure, or land only) Address you wish to grant: e Sell for no less than	ent from regular vet have, provide of ess (including name of county) Manage/lease at \$ po for month Negotiate Loan n	Expiration date (max. 1 year) Manage/settle claims er month 18

Customers choosing a POA marked with an "" must consult an attorney before execution.

12. CUSTOM POA:

Grantee's full name	Grantee's address	Expiration date (max. 1 year)
ite description of purpose for POA a	bove.	
you do not want a SPOA, a	nd instead want to obtain a General POA (GPOA) without speaking with a lawyer,
-	nitial and signature blocks on pages 5, 6, a	nd 7 of this Power of Attorney Workshee
GENERAL POA: Generally,	initial and signature blocks on pages 5, 6, a , merchants are not required to accept any PO	nd 7 of this Power of Attorney Workshee A. As such, your grantee may not always be
GENERAL POA: Generally, able to conduct business on y	mitial and signature blocks on pages 5, 6, a merchants are not required to accept any PO our behalf. Grantee's address	nd 7 of this Power of Attorney Workshee
GENERAL POA: Generally, able to conduct business on y	nitial and signature blocks on pages 5, 6, a , merchants are not required to accept any PO our behalf.	nd 7 of this Power of Attorney Workshee A. As such, your grantee may not always be
GENERAL POA: Generally, able to conduct business on y Grantee's full name Is Agent your Spouse? Yes	nitial and signature blocks on pages 5, 6, a , merchants are not required to accept any PO our behalf. 	nd 7 of this Power of Attorney Workshee A. As such, your grantee may not always be
GENERAL POA: Generally, able to conduct business on y Grantee's full name Is Agent your Spouse? Yes	mitial and signature blocks on pages 5, 6, a merchants are not required to accept any PO our behalf. Grantee's address	nd 7 of this Power of Attorney Workshee A. As such, your grantee may not always be
GENERAL POA: Generally, able to conduct business on y Grantee's full name Is Agent your Spouse? Yes	nitial and signature blocks on pages 5, 6, a , merchants are not required to accept any PO our behalf. 	nd 7 of this Power of Attorney Workshee A. As such, your grantee may not always be
GENERAL POA: Generally, able to conduct business on y Grantee's full name Is Agent your Spouse? Yes	nitial and signature blocks on pages 5, 6, a , merchants are not required to accept any PO our behalf. 	nd 7 of this Power of Attorney Workshee A. As such, your grantee may not always be
GENERAL POA: Generally, able to conduct business on y Grantee's full name Is Agent your Spouse? Yes	nitial and signature blocks on pages 5, 6, a , merchants are not required to accept any PO our behalf. 	nd 7 of this Power of Attorney Workshee A. As such, your grantee may not always be
GENERAL POA: Generally, able to conduct business on y Grantee's full name Is Agent your Spouse? Yes	nitial and signature blocks on pages 5, 6, a , merchants are not required to accept any PO our behalf. 	nd 7 of this Power of Attorney Workshee A. As such, your grantee may not always be

END OF SPECIAL POWER OF ATTORNEY (SPOA) REQUEST FORM

UNDERSTANDING YOUR POWER OF ATTORNEY

1. Definition. A Power of Attorney (POA) is a notarized document that grants another person the power to act on your behalf for a certain purpose and timeframe. The person granting the power is the "grantor" or "principle." The person receiving the power is the "grantee", "agent", or "attorney-in-fact". All grantees/agents must be at least 18 years of age.

2. Risks Involved. Authorizing another person to act on your behalf involves inherent risks you must understand. Namely, you will be legally bound to the actions your grantee/agent takes. So, it is crucial to reduce the risks of accidental or intentional misuse.

a. <u>Special Power of Attorney (SPOA)</u>. It is recommended that you only grant powers as needed and avoid granting powers for tasks you can accomplish yourself. Also, limit the scope of the power. You can limit the scope by granting a Special (or "limited") Power of Attorney (SPOA) that only grants power for a limited purpose and a limited timeframe. SPOAs are the least risky because they limit the powers you grant your grantee/agent and they automatically expire after one year. As grantor, you may set an earlier expiration date, if needed. Finally, only grant powers to a grantee/agent you fully trust to accomplish the mission and immediately revoke powers from anyone you may no longer trust.

b. <u>General Power of Attorney (GPOA)</u>. On the other hand, a General Power of Attorney (GPOA), while sometimes helpful, can also be dangerous. A GPOA grants someone else the legal authority to do almost anything you could do. Consequently, potential for accidental or intentional misuse can be high. For example, with a GPOA, your grantee/agent can possibly sell your car, borrow money that you must repay, rent or purchase property in your name and with your money, or even remove all funds from your bank account.

3. Important Considerations Before Granting/Using POA. Powers of Attorney drafted by Navy legal assistance offices are limited in duration to no longer than one year and should only be drafted for the amount of time needed. No individual, business, or organization is legally obligated to accept a POA (even a military POA), regardless of the POA's legality or validity. In some cases, certain businesses (*i.e.*, banks and other financial institutions) will only accept a SPOA to fulfill specific standards and requirements. Many institutions have their own POA form. It is important to ensure your POA meets the specific standards of those with whom your grantee/agent will do business. Finally, your grantee/agent must have the original POA. You should keep a copy for your records.

4. Revocation/Cancellation of Your POA. If you want to revoke, cancel, or terminate a POA before it expires, you must sign and notarize a Revocation of Power of Attorney and provide a copy to any person you believe has dealt with or will possibly deal with your grantee/agent. Because it is difficult, if not impossible, to provide a copy of the revocation to every possible third party who has relied upon or might rely upon the previously granted POA, the difficulty of revocation is one of the inherent dangers in granting a POA. In addition to providing a copy of the revocation to all foreseeable parties with whom your grantee/agent has dealt, the following steps are also recommended for your protection:

- Send a true copy of the revocation to the original grantee/agent and using a delivery method that provides a receipt showing proof that the grantee/agent received the revocation (*e.g.*, certified mail with return receipt requested);
- Record a revocation in the counties where the POA was executed, where your grantee/agent resides, and where the POA may be used;
- Publish notice in the newspapers in the same counties as above where you revoked your POA.

I acknowledge that I read the above information. Please prepare the requested legal document(s) for me using the information provided on the Power of Attorney request form.

Print name

Sign

Date

REQUEST FOR GENERAL POWER OF ATTORNEY AND WAIVER OF ATTORNEY CONSULTATION

Individuals granting a General Power of Attorney without first consulting an attorney must initial next to the numbers and sign below.

- 1. _____ I understand that I may personally consult with an attorney regarding my interest in granting Power of Attorney (POA), but I knowingly and intelligently waive, or decline, to engage in such consultation for granting authority under a General POA.
- 2. _____ In lieu of attorney consultation, I personally viewed the OJAG Code 16 video "Powers of Attorney: Reasons, Risks, and Resources" online at:

www.jag.navy.mil or www.youtube.com

 $(check \ one)$

3. _____ I understand there is risk involved in granting another person a general rather than a specific and limited POA to act on my behalf in cases involving my finances and personal or real property.

My signature below indicates that I wish to grant Power of Attorney to the grantee listed below without attorney consultation.

Grantor's full name

Grantor's address

Grantor's signature

Date

Grantee's/Agent's full name

Grantee's/Agent's address

Grantee's/Agent's phone number