

FOR OFFICE USE ONLY:

WALK-IN TIME _____ TIME FORM TURNED IN _____ TIME DOCS 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: 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 and Contact: _____ Last name Suffix _____ First name MI _____ Email address _____ State of Residence in the US (taxes filed,...) _____ Phone	Paygrade: _____ Legal Assistance Eligibility: (check one) Active Duty Reservist (inactive/drilling) Retiree 20/20/20 Spouse DOD Civilian Overseas DOD Contractor	Branch Affiliation: (check one) USN USMC USAF USCG USA DoD Dependent of Active Duty Member Dependent of Retiree Dependent of Overseas DOD Civilian
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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): Durable MIA.

GENERAL FINANCIAL POWER OF ATTORNEY (GFPOA): 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 full name 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.

REVOCAATION (CANCELLATION) OF POWER OF ATTORNEY:

Grantee’s full name 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. **AUTOMOBILE**: For shipping, see No. 5 (Household Goods). For all other automobile matters, see No. 9 (Personal Property).

2. **BANKING**:

 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 grant:

- | | |
|--|---|
| <input type="checkbox"/> Deposit and withdrawal limited to \$_____ | <input type="checkbox"/> Open credit card |
| <input type="checkbox"/> Deposit only | <input type="checkbox"/> Open or access safe deposit box |
| <input type="checkbox"/> Endorse (sign) checks/refunds received | <input type="checkbox"/> Unlimited deposit and withdrawal |
| <input type="checkbox"/> Obtain loan for no more than \$_____ | |

3. **CHILDREN**:

 Grantee's full name Grantee's address and phone number Expiration date (max. 1 year)

- | | |
|--|---------------|
| <input type="checkbox"/> Child Care (<i>in loco parentis</i>) (specific child care dates known) and/or | _____ |
| <input type="checkbox"/> Family Care Plan (for future date when deployed or incapacitated) | Dates of care |

Mark the child care powers you wish to grant:

- | | | |
|--|---|---|
| <input type="checkbox"/> Access medical records | <input type="checkbox"/> Emergency medical care | <input type="checkbox"/> Provide food/shelter |
| <input type="checkbox"/> Access school records | <input type="checkbox"/> Evacuation | <input type="checkbox"/> Travel: Consent for international travel |
| <input type="checkbox"/> Dental | <input type="checkbox"/> Medical appointments | <input type="checkbox"/> Travel: Consent for U.S. travel |
| <input type="checkbox"/> Enroll in recreational activities | <input type="checkbox"/> Mental health appointments | <input type="checkbox"/> Vision |
| <input type="checkbox"/> Enroll in school | | |

List (1) child name(s); (2) date(s) of birth; and if travelling abroad, (3) passport number(s) and expiration date(s):

 Name Date of birth Passport number and expiration CONUS OCONUS

 Name Date of birth Passport number and expiration CONUS OCONUS

 Name Date of birth Passport number and expiration CONUS OCONUS

 Mode of travel (*i.e.*, car, plane, etc.) Destination(s) Travel dates Grantee passport number and expiration

4. DEERS/MILITARY AND DEPENDENT ID CARDS/PERSONNEL SUPPORT DETACHMENT (PSD) MATTERS:
 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)
PSD or base address		<input type="checkbox"/> Check box to expand this POA to include dealings with a Public Private Venture (PPV) (e.g., on-base, non-military housing). If so, provide, PPV address in space below.

5. HOUSEHOLD GOODS (HHG):

Grantee's full name	Grantee's address	Expiration date (max. 1 year)
<i>Mark the power(s) you wish to grant with respect to household goods:</i>		
Ship: <input type="checkbox"/> HHG <input type="checkbox"/> Auto	Receive: <input type="checkbox"/> HHG <input type="checkbox"/> Auto	<input type="checkbox"/> Claim damages/File damages claim <input type="checkbox"/> Execute and deposit claim monies

HHG/vehicle pickup address	HHG/vehicle drop-off address	Bank name, account number, city and state for claim deposit	
Vehicle year, make, and model	VIN number	Registration 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 number, if applicable		

7. MAIL:

Grantee's full name	Grantee's address	Expiration date (max. 1 year)
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8. MILITARY HOUSING:

Grantee's full name	Grantee's address	Expiration date (max. 1 year)
<i>Choose the power(s) you wish to grant with respect to military housing:</i>		
<input type="checkbox"/> Accept quarters located at _____		
<input type="checkbox"/> Vacate/sign off quarters located at _____		

9. **PERSONAL PROPERTY:** 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 grant with respect to personal property:

- Use/maintain auto Purchase auto for no more than \$ _____ Sell auto for no less than \$ _____
- Register auto in state of _____

Vehicle year, make, and model VIN and license plate number Registration state Insurance company/policy number

- Mail (receive/forward) Purchase personal property for no more than \$ _____ Sell personal property for no less than \$ _____
- Make claim for damage/loss
- Use/maintain personal property

Describe personal property to be purchased or sold

10. **PET CARE:**

Grantee's full name Grantee's address Expiration date (max. 1 year)

Pet's name Species/breed Gender Vet. name, address, and phone number Max. amount for vet payment

Mark box if emergency vet clinic allowed. (If different from regular vet have, provide contact info)

List any additional pets or pet information in the space below:

11. **REAL ESTATE:**

Grantee's full name Grantee's address Expiration date (max. 1 year)

Write property type (i.e., house, condo, other structure, or land only) Address (including name of county)

Choose the real estate power(s) you wish to grant:

- Buy/Refinance for no more than \$ _____ Sell for no less than \$ _____ Manage/lease at \$ _____ per month for _____ months Manage/settle claims

*List: _____
Max. amount refinanced*

Fixed or variable rate?

Max. interest rate

Max. term of years

Bankruptcy* Negotiate Loan modification with lender*

Deed-in-lieu of foreclosure* Short sale*

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)

Write description of purpose for POA above.

If you do not want a SPOA, and instead want to obtain a General POA (GPOA) without speaking with a lawyer, complete No. 13 below and the initial and signature blocks on pages 5, 6, and 7 of this Power of Attorney Worksheet.

13. GENERAL POA: Generally, merchants are not required to accept any POA. As such, your grantee may not always be able to conduct business on your behalf.

Grantee's full name

Grantee's address

Expiration date (max. 1 year)

Is Agent your Spouse? Yes No

List ONE state in which your grantee will primarily use the POA. Alternatively, list your state of permanent residence.

Your Signature: _____ **Date:** _____

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. Special Power of Attorney (SPOA). 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. General Power of Attorney (GPOA). 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