

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 (Executive Order 9397) 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 SSN 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.

Please prepare the requested legal document for me using the information provided below.

 Customer signature

 Today's date

PLEASE COMPLETE BOTH SIDES OF THIS FORM IN ORDER FOR US TO PREPARE A POWER OF ATTORNEY.

Your Name (Last, First, Middle):		Last four numbers of your SSN:			
Gender: Male Female	Date of Birth: dd/mm/yyyy	Branch of Service: (circle one) USN USA USAF USCG USMC DoD			
Rank/Rate:	Pay Grade:	Eligibility: (circle one) <small>Office Staff: Reference JAGMAN §0706 for details on Legal Assistance eligibility and consult with your supervisor on eligibility questions.</small>			EAOS:
		Active Duty Retiree Reservist	Dependent of Active Duty Member Dependent of Retiree DOD Civilian		
Command:		UIC:			
YOUR Mailing Address:					Zip:
		City:		State:	
Home Telephone: ()		Cellular:()			
Work: ()		Email:			

NAME OF PERSON RECEIVING POA (Last, First, Middle): _____

ADDRESS _____

DESIRED EXPIRATION DATE FOR POWER OF ATTORNEY: _____
(Typically limited to 1 year or length of deployment)

GENERAL FINANCIAL POWER OF ATTORNEY

SPECIAL POWER(S) OF ATTORNEY: Please check one or more of the following special powers of attorney:

1. **BANKING:**

Deposit Withdrawal Government Checks (U.S. Treasury) Endorse Checks Obtain loan

Obtain Navy Relief loan Obtain credit Safe Deposit Box access

Bank Name: _____ Savings Acct #: _____

Checking Acct #: _____

2. **CHILDREN (IN LOCO PARENTIS / MEDICAL / CONSENT TO TRAVEL):**

In Loco Medical/Dental Evacuation Consent to Travel (with one or no biological parents)

Custom insert (Please insert Child(ren)'s names on the following page)

Name of Child(ren) and DOB:

(1) _____ (2) _____ (3) _____

(4) _____ (5) _____ (6) _____

3. **DEERS/MILITARY DEPENDANT ID CARDS:**

Obtain ID card Enroll in DEERS

4. **HOUSEHOLD GOODS:**

Ship Receive Ship car Claim damages

Shipment from: _____ Shipment To: _____

5. **MILITARY HOUSING:**

Accept quarters Vacate

6. **PERSONAL PROPERTY/AUTOMOBILE:**

Sell Register Ship Transfer Title Use/maintain

Purchase household items Purchase Make claim

Mail: Receive/Forward, etc Other

Year: _____ Make: _____ Model: _____ Color: _____

License: _____ Vehicle ID#: _____

Insurance Co. Name: _____

For shipment of POV:

_____ Shipment To

_____ Shipment From

7. **REAL ESTATE:**

Sell Buy Manage Mortgage Refinance Obtain loan Lease Settle claims

Address of Real Estate: _____

**ATTACH COPY OF LEGAL DESCRIPTION OF TITLE TO REAL ESTATE (Required for buying/selling/refinancing)*

8. **WEAPONS (Handling/Shipment)**

Description: _____ Caliber: _____ Serial #: _____

Date purchased: _____ Illinois Residents Only: FOID# of Agent _____

9. **CUSTOM INSERT: (please describe):** _____

REVOCAION OF POWER OF ATTORNEY:

Name of person granted power of attorney: _____

Type of power of attorney granted: Special General

Type of special power of attorney granted (if applicable): _____

Date power of attorney was granted: _____