

# POWER OF ATTORNEY WORKSHEET

Please complete both sides of this form in order for us to prepare a power of attorney.

## 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, legalmen, 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.

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

\_\_\_\_\_  
Client's signature

\_\_\_\_\_  
Today's date

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

RANK/RATE: \_\_\_\_\_ SSN: \_\_\_\_\_

ORGANIZATION: \_\_\_\_\_

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

ACTIVE DUTY     FAMILY MEMBER     CIVILIAN     RETIRED

PLEASE CHECK YOUR STATUS:

CIVILIAN/DEPENDENT/RETIREE \_\_\_\_\_ NAVY \_\_\_\_\_ USNR \_\_\_\_\_ USMC \_\_\_\_\_ USMCR \_\_\_\_\_

USCG \_\_\_\_\_ USCGR \_\_\_\_\_ ARMY \_\_\_\_\_ USAR \_\_\_\_\_ USAF \_\_\_\_\_ USAFR \_\_\_\_\_

OTHER (specify) \_\_\_\_\_

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

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

EXPIRATION OF POA (maximum one year): \_\_\_\_\_

**GENERAL POWER OF ATTORNEY**

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

1.  AUTOMOBILE:

Sell  Register  Ship  Transfer Title  Other

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_  
License: \_\_\_\_\_ Vehicle ID#: \_\_\_\_\_

For shipment of POV:

\_\_\_\_\_  
Shipment To

\_\_\_\_\_  
Shipment From

2.  IN LOCO PARENTIS/MEDICAL

Name of Child(ren) and DOB:

(1) \_\_\_\_\_

(2) \_\_\_\_\_

(3) \_\_\_\_\_

(4) \_\_\_\_\_

(5) \_\_\_\_\_

(6) \_\_\_\_\_

3.  CHECK CASHING

United States Savings Bonds # \_\_\_\_\_, # \_\_\_\_\_, # \_\_\_\_\_

Government Checks (U.S. Treasury)

4.  REAL ESTATE:

Sell  Buy  Manage  Mortgage

Address of Real Estate: \_\_\_\_\_  
\_\_\_\_\_

Legal Description of Title to Real Estate: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5.  HOUSEHOLD GOODS:

Ship  Receive

Shipment from: \_\_\_\_\_ Shipment To: \_\_\_\_\_

6.  OTHER (please describe): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7.  REVOCATION 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: \_\_\_\_\_