

## INSTRUCTIONS for SPECIAL POWER OF ATTORNEY

A person (Principal) signs a Special Power of Attorney in front of a notary to give a trusted and willing person (Attorney-in-Fact or Agent) power to act in place of the Principal. A Special Power of Attorney identifies a beginning date and an ending date or may be revoked. A Durable Special Power of Attorney continues if you, as Principal are incapacitated or become incompetent, and ends when you die, unless the Principal revokes it. A Special Power of Attorney must be notarized. A Special Power of Attorney is NOT a court order.

**STEP 1:** **OBTAIN** the Special Power of Attorney packet at the Maricopa County Superior Court “forms” website at: <http://www.superiorcourt.maricopa.gov/SuperiorCourt/Self-ServiceCenter/forms/> or at one of the Self Service Centers located in the valley.

**Downtown Phoenix**  
101 W. Jefferson St.  
Phoenix, AZ 85003

**Northeast Court Facility**  
18380 North 40<sup>th</sup> Street  
Phoenix, Arizona 85032

**Northwest Court Facility**  
14264 West Tierra Buena Lane  
Surprise, Arizona 85374

**Southeast Court Facility**  
222 East Javelina Drive  
Mesa, Arizona 85210-6201

- Read the Special Power of Attorney FAQs and Instructions
- Choose the Special Power of Attorney that best fits your situation (Regular or Durable)
- Complete the Special Power of Attorney Form

**STEP 2:** **TAKE** the following to a Notary Public. [You may find a Notary at most banks or listed in the Yellow Pages. They usually charge a fee.]

- The Witness
- The original completed Special Power of Attorney Form
- Photo ID for the witness and you

**STEP 3:** **SIGN** the original Special Power of Attorney in front of the Notary and

- Tell the Witness to sign the form in front of the Notary
- Wait for the Notary to notarize the Special Power of Attorney

**STEP 4:** **MAKE COPIES** of the Special Power of Attorney for each person or organization you deal with

- Keep the original for your records
- Give a copy to the Attorney in Fact
- Show the people and organizations the original, and give them the copy

## SPECIAL POWER OF ATTORNEY

### 1. CHECK ONE (1) TYPE OF POWER OF ATTORNEY:

- Special Power of Attorney (has a beginning and end date) - or-
- Durable Special Power of Attorney (ends upon Principal's death or revocation)

### 2. IDENTIFY the Principal and Attorney-in-Fact:

<b>Principal:</b> Name	Address of Residence	City, State, Zip Code	Date of Birth
<b>Agent /Attorney-In-Fact:</b> Name	Address of Residence	City, State, Zip Code	Date of Birth

### 3. COMPLETE THIS SECTION

Principal, an individual, hereby appoints the above-named Agent/Attorney-in-Fact to act in name and place of Principal to perform the following specific matters:

- Scope and extent of powers granted: to exercise the following specific powers:

To do and perform all acts required, necessary or appropriate to be done in and about the premises as fully to all intents and purposes as Principal might of could do if personally present, hereby ratifying all that Attorney-in-Fact shall lawfully do or cause to be done by virtue of this Special Power of Attorney.

### 4. CHECK ONE type of Special Power of Attorney. Then fill in the Sections that apply to you.

- Regular Special Power of Attorney**
- **EFFECTIVE DATE:** the time from which this document is operational: \_\_\_\_\_.  
This Special Power of Attorney begins on the above effective date and continues until the expiration date of \_\_\_\_\_ 20 \_\_\_\_, unless the Principal revokes in writing this Power of Attorney.
  - **MANNER OF REVOCATION:** The Principal may revoke this document in writing at any time before the expiration date, if the specific tasks have been accomplished by the Attorney-in-Fact, for no reason, for cause, or if the Attorney-in-Fact exceeds or violates the scope and authority granted by this document.

**Durable Special Power of Attorney**

- **EFFECTIVE DATE:** the time from which this document is operational: \_\_\_\_\_.
- **MANNER OF REVOCATION:** The Principal may revoke this document in writing at any time before the expiration date, if the specific tasks have been accomplished by the Attorney-in-Fact, for no reason, for cause, or if the Attorney-in-Fact exceeds or violates the scope and authority granted by this document. *If the Principal becomes disabled or incapacitated, the Attorney-in-Fact may continue acting as such despite the disability, incapacity or the expiration date.*

5. **COMPENSATION** of Attorney-in-Fact: None.

**6. SIGNATURES:**

**For Principal:**

I, \_\_\_\_\_, the principal, sign my name to this power of attorney this \_\_\_\_\_ day of \_\_\_\_\_ and, being first duly sworn, do declare to the undersigned authority that I sign and execute this instrument as my power of attorney and that I sign it willingly, or willingly direct another to sign for me, that I execute it as my free and voluntary act for the purposes expressed in the power of attorney, and that as required by A.R.S. § 14-5501, I am eighteen years of age or older, of sound mind, and under no constraint or undue influence.

\_\_\_\_\_  
Principal Signature

**For Witness:**

I, \_\_\_\_\_, the witness, sign my name to the foregoing power of attorney being first duly sworn, and do declare to the undersigned authority the principal signs and executes this instrument as the principal's power of attorney and that the principal signs it willingly, or willingly directs another to sign for the principal, and that I, in the presence and hearing of the principal sign this power of attorney as witness to the principal's signing, and to the best of my knowledge the principal is eighteen years of age or older, of sound mind, and under no constraint or undue influence.

\_\_\_\_\_  
Witness Signature

**7. NOTARIZATION:**

**For Notary:**

The State of \_\_\_\_\_  
County of \_\_\_\_\_

Subscribed, sworn to and acknowledged before me by \_\_\_\_\_, the principal, and subscribed and sworn to before me by

\_\_\_\_\_, witness, this \_\_\_\_\_ day of \_\_\_\_\_.  
(Seal)

(Signed) \_\_\_\_\_

\_\_\_\_\_  
(Notary Public)