The ProBono Project

Power of Attorney Questionnaire

Answering these questions will help you think through how you want your affairs to be handled by your agent, and your answers will give us the information we need to draft your Power of Attorney.

Responses must be accurate and verifiable. Answer every question; do not leave blanks. If a question does not apply to your situation, please write 'N/A'. **We cannot proceed with your case without the information and documents requested.** If you have additional information not requested that might be useful, or if you do not have sufficient room to include all information, please add additional sheets of paper to the application or send a supplemental email to the addresses listed below.

Southshore Residents: Please complete this form and provide the requested documents to intake@probono-no.org or by mail or in person to 935 Gravier Street, Suite 1340, New Orleans, Louisiana 70112. Please call (504) 581-4043 for any assistance.

St. Tammany or Washington Parish Residents: Please complete this form and provide the requested documents to krichard@probono-no.org or 810 N. Columbia Street, Suite A, Covington, LA 70433. Please call (985) 236-1384 for any assistance.

<table>
<tr><td colspan="5">1. CLIENT
Please provide first, middle, maiden, and last as it appears on your driver's license/Social Security card as well as any other names you've gone by in the past.</td></tr>
<tr><td>Your Full Legal Name</td><td colspan="4">_____</td></tr>
<tr><td colspan="5">2. PRINCIPAL
This is the person GIVING legal authority to someone else. This decision MUST be voluntary.
The Principal may be the same person as the client or someone else.
If you are seeking Power of Attorney over someone else, you are NOT the Principal.</td></tr>
<tr><td>Principal's Full Name</td><td colspan="2">_____</td><td>SSN (Last 4)</td><td>_____</td></tr>
<tr><td>Address</td><td colspan="2">_____
_____
_____</td><td>Date of Birth</td><td>_____/_____/_____</td></tr>
<tr><td>Marital Status</td><td colspan="4">☐ Single, Never Married ☐ Married ☐ Divorced, not re-married
☐ Divorced, re-married ☐ Widowed, not re-married ☐ Widowed, re-married</td></tr>
<tr><td>Principal's Spouse</td><td colspan="4">Does the Principal have a living spouse? ☐ YES ☐ NO</td></tr>
</table>

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2. PRINCIPAL (CONT.)			
What is the Principal's relationship to you?	☐ Self ☐ Spouse ☐ Parent ☐ Grandparent ☐ Child ☐ Other: _____ _____	*Did the Principal have a previous Power of Attorney completed?*	☐ YES, General ☐ YES, Healthcare ☐ YES, Durable ☐ NO *If yes, when was it completed?* _____
3. AGENT *This is the person <u>RECEIVING</u> legal authority to act on behalf of the Principal.* *An alternative agent can be appointed in the event the first agent cannot act on behalf of the Principal.*			
Agent #1 Full Name	_____	*Date of Birth*	_____/_____/_____
Agent's Current Address	_____ _____ _____	*What is the Agent's relationship to you?*	☐ Self ☐ Spouse ☐ Parent ☐ Grandchild ☐ Child ☐ Other:_____ _____
Alternative Agent	*Does the Principal also want to appoint an Alternative Agent?* ☐ YES ☐ NO *If no, write "<u>N/A</u>" in the section below. If yes, complete the following:*		
Agent #2 Full Name	_____	*Date of Birth*	_____/_____/_____
Alternate Agent's Current Address	_____ _____ _____	*What is the Alternate Agent's relationship to you?*	☐ Self ☐ Spouse ☐ Parent ☐ Grandchild ☐ Child ☐ Other:_____ _____
4. QUESTIONS FOR AGENT *Are you looking to be appointed Agent for someone else? If <u>YES</u>, please complete questions below.* *If you are the Principal, you **do not** need to complete this section.*			
Are you biologically or through legal adoption related to the Principal?	☐ YES ☐ NO	*Describe your relationship:*	_____ _____

4. QUESTIONS FOR AGENT (CONT.) *If you are the Principal, you **do not** need to complete this section.*	
Living Arrangement	*Does the Principal live with you?* ☐ YES ☐ NO *Does the Principal live in a healthcare or assisted living facility?* ☐ YES ☐ NO *Does the Principal live independently?* ☐ YES ☐ NO
Health & Wellness	*Does the Principal have a disability?* ☐ YES ☐ NO *Does the Principal have a serious illness?* ☐ YES ☐ NO *If yes, is the illness* ☐ MENTAL *and/or* ☐ PHYSICAL? *Is the Principal over the age of 65?* ☐ YES ☐ NO *Does the Principal have the ability to communicate?* ☐ YES ☐ NO *If yes, are they able to communicate* ☐ VERBALLY *or* ☐ NON-VERBALLY? *Please list any additional comments regarding health and wellness*: _____ _____ _____
5. POWERS GIVEN TO THE AGENT *What powers does the Principal want to grant to the Agent? Check all that apply:*	
General Powers	***Banking & Financial Accounts*** ☐ *Make deposits into and withdrawals from financial accounts* ☐ *Sign checks and withdrawal orders on accounts to accomplish the purposes of the Power of Attorney* ☐ *To write checks, pay bills, accept checks, etc. from any bank account* ☐ *Enter and access any safety deposit box; examine or remove documents/items as necessary* ***Residence & Property*** ☐ *Pay reasonable and necessary expenses for maintenance, repair, and insurance of the residence; to enter the residence for these purposes* ☐ *Apply for the homestead exemption on the residence* ☐ *Buy, sell, mortgage, or otherwise encumber immovable property owned in whole or in part by Principal*

5. POWERS GIVEN TO THE AGENT (CONT.) *What powers does the Principal want to grant to the Agent? Check all that apply:*	
General Powers	***Medical & Benefit-Related Finances*** ☐ *Pay reasonable and necessary expenses for medical treatment and maintenance* ☐ *Act on Principal's behalf regarding Social Security, Medicare, Medicaid, and other federal, state, or local benefit/entitlement programs* ***Mail & Correspondence*** ☐ *Open and respond to mail addressed to Principal* ***Taxes*** ☐ *Act in all matters relating to federal, state, parish, or city taxes; execute and file tax returns; accept and deposit refunds; represent Principal in tax matters* ***Insurance*** ☐ *Act on all insurance matters, including life, health, homeowners', flood, accident, and annuities* ***Professional Services*** ☐ *Engage and reasonably compensate attorneys, accountants, or other professionals as necessary* ***Legal & Succession Matters*** ☐ *Prosecute, defend, settle, compromise, arbitrate, or mediate claims or litigation involving Principal; accept or renounce an interest in any succession* ***End-of-Life Care*** ☐ *Make arrangements for funeral and burial*
Healthcare Powers	***Treatment Decisions*** ☐ *Consent to, refuse, or withdraw consent for any medical care, treatment, surgical or diagnostic procedures, medication, and mechanical or other life-affecting procedures (including artificial respiration, nutritional support, hydration, and CPR), guided by Principal's Living Will Declaration if any* ☐ *Authorize or refuse medication or procedures intended to relieve pain, even if this may lead to permanent physical damage, addiction, or hasten death* ***Medical Records & Information*** ☐ *Access medical records and information to the same extent as Principal, including disclosure to others with a legitimate need to know* ☐ *Serve as Principal's "Personal Representative" under HIPAA, with full access to Protected Health Information*

5. POWERS GIVEN TO THE AGENT (CONT.) *What powers does the Principal want to grant to the Agent? Check all that apply:*	
Healthcare Powers	***Facility & Care Placement*** ☐ *Authorize admission to or discharge from any hospital, nursing home, residential care, assisted living, or similar facility, even against medical advice* ***Contracts & Personnel*** ☐ *Contract for healthcare-related services or facilities without Agent incurring personal financial liability* ☐ *Hire and fire medical, social service, and other support personnel responsible for Principal's care* ***Financial Authorization for Care*** ☐ *Authorize charges and costs for Principal's maintenance and care (at home or elsewhere), including household, clothing, medical insurance, automobile, and other typical care expenses, including domestic and healthcare employees, without personal liability* ***General / Catch-All Authority*** ☐ *Take any other action necessary to carry out the foregoing, including signing waivers or releases of liability, signing documents related to refusal of treatment or leaving a facility against medical advice, pursuing legal action to enforce Principal's wishes or seek damages, and exercising full and general authority to act as fully as Principal could if personally present*
Estate Planning	*Does the Principal want assistance with either of the following?:* ☐ Last Will & Testament ☐ Living Will (Advanced Directive)
Additional Details	*Please use this space to share additional important details you feel are relevant:* _____ _____ _____ _____ _____ _____