

# **THE POCKET LAWYER<sup>®</sup>**

## **Document Preparation Service**

### **/// Workbook ///**

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✍️ “We Help You Help Yourself” ✍️

**DURABLE POWER OF ATTORNEY  
FOR FINANCIAL MATTERS**



**PART “A”**

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# **THE POCKET LAWYER<sup>®</sup>**

## *Document Preparation Service Workbook*

**“Self-Help” Series**

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# The **POCKET LAWYER**<sup>®</sup> Document Preparation Service

## Power of Attorney Client Questionnaire

INSTRUCTIONS: Answer All questions with an answer or a N/A. **Today's date** \_\_\_\_\_  
 If more space is needed, use the space below or attach blank pages.

<b>PERSONAL INFORMATION</b> <i>(Information about the person whom this power of attorney is for)</i>			
1	First name		
2	Middle name		
3	Last name		
5	Home address: Street		
6	Apt/Suite		
7	City	County	State
			Zip
8	Mailing address (if different) Street/ PO		
9	City	County	State
			Zip
10	Home phone	Business phone	
<b>DESIGNATION OF AGENT (Attorney in Fact)</b> <i>(Information about the person who will act for you as your agent)</i>			
11	First name		
12	Middle name		
13	Last name		
14	Home address: Street		
15	Apt/Suite		
16	City	State	Zip
<b>FIRST ALTERNATE AGENT</b> <i>(Information about the person who will serve as your agent if your first choice is unable to serve)</i>			
17	First name		
18	Middle name		
19	Last name		
20	Home address: Street		
21	Apt/Suite		
22	City	State	Zip
<b>SECOND ALTERNATE AGENT</b> <i>(Information about the person who will serve as your agent if your first <u>and</u> second choice is unable to serve)</i>			



Power of Attorney Client Questionnaire (continued)	
<b>ADDITIONAL POWERS</b> <i>(List any special instructions limiting or extending the powers granted to your agent)</i>	
43	Normally, your agent is required by law to keep his or her money separate from yours. If your agent is your spouse or other close family member, and your finances are <u>already</u> commingled (mixed), do you want your agent to be able to <u>continue</u> to commingle (mix) your funds with his or her own? <input type="checkbox"/> Yes <input type="checkbox"/> No
44	Normally, your agent is not permitted to financially benefit from any actions taken on your behalf. If your agent is your spouse or other close family member, and your financial interests are <u>already</u> intertwined with yours, do you want your agent to be able to financially benefit from any transactions taken on your behalf? <input type="checkbox"/> Yes <input type="checkbox"/> No
45	Do you want your agent to be compensated for acting as your attorney-in-fact? <input type="checkbox"/> Yes <input type="checkbox"/> No
46	Would you like to protect your agent and others from liability when they are acting on this Power of Attorney, as long as they are acting in good faith? <input type="checkbox"/> Yes <input type="checkbox"/> No
47	Do you want this Power of Attorney to remain in force and be effective even though you become incapacitated? <input type="checkbox"/> Yes <input type="checkbox"/> No
48	If you appointed more than one agent, do you want them to be able to act alone ( <u>separately</u> ) without the other agent joining, or do you want all of your agents to act or sign together ( <u>jointly</u> )? <input type="checkbox"/> Separately <input type="checkbox"/> Jointly
49	I agree that any third party who receives a copy of this document may act under it. Revocation of the power of attorney is not effective as to a third party until the third party has actual knowledge of the revocation. I agree to indemnify the third party for any claims that arise against the third party because of reliance on this power of attorney. <input type="checkbox"/> Yes <input type="checkbox"/> No
50	<input type="checkbox"/> Other ( <i>specify</i> )
<b>DURATION</b>	
51	When do you want this Power of Attorney to become effective: <input type="checkbox"/> Immediately upon signing by me <input type="checkbox"/> Only if I become mentally incapacitated
52	How long do you want this Power of Attorney to be in force: <input type="checkbox"/> Until revoked by me in writing <input type="checkbox"/> For the following period of time only ( <i>specify</i> ):
<b>ACKNOWLEDGEMENT and SIGNATURE</b>	
<p>I (We), acknowledge that the information provided by me in this Workbook is true and accurate to the best of my knowledge. I further acknowledge that I am going to do my own Power of Attorney and want the <b>POCKET LAWYER</b>® Document Preparation Service to assist me by performing certain document preparation services, according to my instructions. I will be solely responsible for the information contained in these documents and will have the opportunity to review the completed documents before they are filed. I understand that the <b>POCKET LAWYER</b> Document Preparation Service does <u>not</u> render legal advice or legal services and is acting solely at my direction and pursuant to my decisions. I further understand that I have the right to handle my own legal matters and act as my own attorney, but that the advice of an attorney may be necessary. The <b>POCKET LAWYER</b> Document Preparation Service encourages attorney participation and will provide a list of attorney referrals, at my request. I hereby relieve the <b>POCKET LAWYER</b> Document Preparation Service from any liability whatsoever, regarding this Power of Attorney, and agree to hold them harmless from any damages I may suffer and understand that my sole relief is limited to the return of any fee paid for the preparation of these documents.</p>	
Signature	Date
Print name	
Signature	Date
Print name	
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