



Arkansas Army National Guard
 Office of Legal Assistance
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Living Will/Advanced Medical Directive and Health Care Agent/Proxy Designation Worksheet

Welcome to the Office of Legal Assistance. This worksheet will answer common questions concerning living wills, also known as an Advanced Medical Directive or Health Care Agent or Proxy Designation. It will prepare you to discuss your needs and desires with a legal assistance attorney, and provide a convenient form on which to record important information. This worksheet starts the will preparation process. If you have any questions when preparing this worksheet you may contact the Legal Assistance office at 501-212-5040 or replay by email.

IF YOU HAVE ANY QUESTIONS, WHICH ARE NOT ANSWERED BY THIS WORKSHEET, PLEASE DISCUSS THEM WITH AN ATTORNEY.

WHAT IS A Living Will? A Living Will (also known as an Advanced Medical Directive, Health Care Agent/Proxy Designation or a Directive to Physicians) is a legal document that describes how you want to be treated in end-of-life situations. Living Wills usually tell doctors to stop treatment and withhold life support if there is no hope of recovery. On the other hand, a Living Will is also used to say that you want all possible treatments. In a legal dispute, a Living Will becomes evidence of your wishes and intent.

What Should I Do Once I Have My Living Will? Once you make a Living Will, give a copy to your doctor and make sure a copy is placed in your physician’s records and hospital records. You should also tell your close family members that you have made a Living Will and where the original and copies are kept. If you make a Durable Power of Attorney for Healthcare, you should give the original to the person you designate and keep a copy for yourself. You should also make sure your doctors can contact this person.

WORKSHEET QUESTIONNAIRE

PRINCIPAL: [Your full name] _____

ADDRESS: _____

PHONE NUMBER: _____

Agent/Proxy:

DESIGNATED AGENT/PROXY: [person’s full name]

_____ Relationship to you _____

ADDRESS: _____

PHONE NUMBER: _____

ALTERNATE PROXY, if any: [alternate proxy's full name]

_____ Relationship to you _____

ADDRESS: _____

PHONE NUMBER: _____

Declaration of wishes:

Do you wish to continue the administration of life-sustaining procedures? **Meaning:** "Staying alive is more important to me, no matter how sick I am, how much I am suffering, the cost of the procedures, or how unlikely my chances for recovery are. I want my life to be prolonged to the greatest extent possible in accordance with reasonable medical standards". Yes ____ No ____

Do you want to receive military funeral honors? Yes ____ No ____

If YES, who do you want to receive an American Flag? _____

Have you paid for or made prior arrangements for funeral services? Yes ____ No ____

Who do you want to handle the disposition of your remains? _____

Are you an organ donor? Yes ____ No ____

Are any organs/tissue excluded? Yes ____ No ____

If yes, explain _____

Are organs, tissue, or remains to be donated for medical science purposes? (Please note that it could take several months or more for your cremated remains to be returned to your primary next of kin or person you've designated to receive your remains.)

Yes ____ No ____

This handout is distributed by the Arkansas Office of the Staff Judge Advocate, Office of Legal Assistance as a preventive law service. This document and other helpful information on similar personal legal affairs topics can be found on the office's website located at <https://arkansas.nationalguard.mil/Home/JAG-Legal/>

For more information on this topic or to consult with a legal assistance attorney contact the Arkansas National Guard Office of Legal Assistance at 501-212-5040 to establish eligibility and appointment times.