

POWER OF ATTORNEY INTAKE QUESTIONNAIRE

Arkansas Army National Guard Legal Assistance Office

1. CLIENT INFORMATION:

- a. YOUR NAME: _____
- b. YOUR ADDRESS: _____
- c. YOUR PHONE NUMBER: _____ d. YOUR MARITAL STATUS: _____
- e. YOUR SPOUSE'S NAME: _____
- f. IS YOUR SPOUSE IN THE MILITARY? IF SO WHAT UNIT: _____

2. TYPE OF POWER OF ATTORNEY (POA):

- a. GENERAL: _____ SPECIAL/LIMITED: _____
- b. WHO ARE YOU GIVING THE POA TO: _____
- c. THEIR ADDRESS: _____
- d. THEIR PHONE NUMBER: _____ e. THEIR RELATIONSHIP TO YOU: _____
- f. INCLUSION OF ADDITIONAL POWERS: ___ Access to Medical Records/HIPPA ___ Real-estate ___ IRAs/Ret Accts ___ Investment Accts ___ Expense Accts ___ Personal Property Management ___ Ins. Policies ___ Gov Benefits ___ Federal/State Taxes ___ Digital Assets&Accts/Social Media Accts ___ SS/Medicare/caid ___ All
- g. TERMINATION DATE (IF ANY) _____ h. SUCCESSOR(S) _____
- i. DURABLE _____ OR ONLY IF RENDERDERED INCOMPETENT _____

3. OFFICE USE ONLY:

- a. ATTORNEY/PARALEGAL DRAFTING POA: _____
- b. WAS THE POA EXECUTED IN PERSON OR REMOTELY: _____
- c. WAIVER NEEDED: YES _____ NO _____ DATE WAIVER EXECUTED: _____
- d. DATE POA EXECUTED: _____
- e. ATTORNEY/PARALEGAL EXECUTING POA: _____

NOTES: