INTRODUCTION TO POWERS OF ATTORNEY

• What is a Power of Attorney?
  o A Power of Attorney is a legal document by which you (the “Principal”) give another person (the “Agent”) the authority to act on your behalf in certain ways. The document should state the ways the Agent can act for you, which might include things like using your bank accounts, ensuring that your children are cared for, selling your property, etc.

• What are the benefits of executing (completing and signing) a Power of Attorney?
  o A Power of Attorney is especially useful when you become unable to manage your own affairs. This is typically because you are physically or mentally incapacitated, or because you are missing, out of the country, or otherwise physically unavailable. A Power of Attorney can allow you to plan in advance so someone you trust can manage your affairs when you cannot do it yourself.

• What are the risks of executing a Power of Attorney?
  o By executing a Power of Attorney, you are allowing the Agent to act on your behalf in ways that will be legally binding on you, just as if you had undertaken those actions. In some cases, even if the Agent exceeds or abuses the authority granted by the Power of Attorney, you may still be legally bound by the Agent’s actions. If that happens, you might need to file a lawsuit against the Agent to remedy the damage.

• What are the limits of the Power of Attorney included with this kit?
  o The Power of Attorney forms included with this kit, prepared by the Legal Aid Justice Center, are designed to provide short-term help in the case of a sudden family emergency. The form covering minor children, in particular, only provides for temporary custody necessary to meet children’s needs for a short period of time while parents are unavailable due to an emergency. They do not create a long-term guardianship or custody relationship. Long-term custody or international travel arrangements for children are best made after the immediate emergency is over.
• What types of authority do the Power of Attorney forms in this kit give?
  o The forms included with this kit allow you to select the following types of authority you can give your Agent:
    (1) To sell or rent your home and deposit proceeds in your bank account;
    (2) To have access to your house or apartment to remove your personal property and to negotiate an end to your lease;
    (3) To make deposits and withdrawals from your bank account;
    (4) To sell your cars or vehicles;
    (5) To take temporary custody of your children;
    (6) To make travel arrangement for your children;
    (7) To make decisions and take actions related to your children’s education;
    (8) To make decisions and take actions related to your children’s health care; and/or
    (9) To perform any other acts required for your children, just as you could do if you were present.

• When does the authority of the Agent begin?
  o Unless otherwise provided in the document itself, the Power of Attorney begins when you sign it. A Power of Attorney can also be written to come into force only when certain conditions are met (called a “springing” Power of Attorney). The Power of Attorney forms supplied with this kit allow you to select from a number of conditions that you may want to trigger the Agent’s authority:
    (1) You are deported;
    (2) You are detained by the government for immigration enforcement purposes;
    (3) You are detained by the government for any civil or criminal purpose; and/or
    (4) You are medically or mentally incapacitated.

• When does the authority of the Agent end?
  o A Power of Attorney automatically ends if you die or if the Agent dies. You may also revoke the authority of your Agent at any time in writing. Additionally, an Agent may withdraw from that role if they do not want to continue, thus ending their authority.
The Power of Attorney forms supplied with this kit do not provide for the automatic termination or expiration of the authority, but the kit includes a form you can use to revoke the Power of Attorney.

- **What are the duties of an Agent?**
  - The person named as the Agent in a Power of Attorney does not have a legal duty to serve as Agent, and can refuse the appointment if they wish. However, if the person accepts the appointment and begins to use the authority granted in the Power of Attorney, he must act reasonably and in your best interest within the scope of authority given by the Power of Attorney document. An Agent must also keep a record of all receipts, disbursements, and transactions made on your behalf.

- **Legally, who can be designated as an Agent?**
  - Any competent adult may be designated as an Agent. (The Agent does not need to be present or sign the Power of Attorney when it is executed.) In practice it is probably best to designate someone who will not be afraid to advocate for your interests with business and government offices or even in the courts. Because of this, it may be wise to name someone who has valid immigration status as Agent.

- **Who should you designate as your Agent?**
  - Because a Power of Attorney gives important legal authority to the Agent—authority which could be abused—you should only appoint someone you trust completely.

- **How should you prepare the Agent?**
  - Because being an Agent is a big responsibility, you should discuss this with the Agent before executing the Power of Attorney. You should make sure the person understands the duties of an Agent, when they begin and end, and that she is willing and able to perform those duties for you. You should talk with your Agent about how you would like her to use the authority granted in the Power of Attorney. Once the Power of Attorney is executed, you should give the Agent a copy of the
document along with the Agent Certification form and instructions included with this kit.

- **Do I need to meet with a lawyer to complete a Power of Attorney?**
  
  o Because of the serious legal effects of a Power of Attorney, we recommend that you do not execute one without consulting with a licensed attorney about it, either directly or through an assistant trained and supervised by an attorney. The Power of Attorney forms included with this kit are designed to be completed with an attorney or with an assistant trained and supervised by an attorney, and they should not be executed without legal advice.

  **Beware:** In the United States, a Notary is not the same as an attorney. It is illegal for a Notary, or anyone else, to give legal advice unless he is also an attorney licensed to practice law in Virginia. Only a licensed attorney, or an assistant trained and supervised by an attorney, can answer specific questions about a Power of Attorney or give you advice on executing one.

- **How much should I expect to pay for a Power of Attorney?**
  
  o The Legal Aid Justice Center created this kit to help people create a Power of Attorney at no cost. No one using the Power of Attorney forms included with this kit should charge for preparing or notarizing them. In the Richmond area, you may contact the Legal Aid Justice Center at 804-643-1086 to arrange to meet with an attorney or trained assistant to execute a Power of Attorney **free of cost.**
SPECIAL POWER OF ATTORNEY – CHILDREN

Part I. Identifying Information

I, ________________________________________________, (Full and Complete Name of Principal)

hereby appoint ________________________________________, (Full and Complete Name of Agent)

(herein referred to as “Agent”) address __________________________________________

(Address of Agent)

________________________________________

(to serve as my Agent under this Limited Power of Attorney.

I also hereby appoint ________________________________________, (Full and Complete Name of Alternate Agent)

_____________________________, (herein referred to as “Alternate”)

address __________________________________________

(Address of Alternate Agent)

(to serve as my successor agent if Agent predeceases me, resigns this power, or becomes unable to serve hereunder. If Agent is unable to serve hereunder for any reason, all references herein to Agent shall refer to Alternate, and Alternate shall be authorized to serve as my agent hereunder.

In the absence of actual knowledge to the contrary, any person or entity shall be entitled to rely conclusively upon the affidavit of Alternate setting forth that Agent is unable, unwilling, or unavailable to serve or continue in service as my agent, and such affidavit shall be sufficient for all purposes to authorize Alternate to act as my agent under this instrument.

I intend to create a Limited Power of Attorney with this instrument.

POWER OF ATTORNEY form (C v.6.3) created by Legal Aid Justice Center, 2017

DO NOT PAY OR CHARGE TO COMPLETE THIS DOCUMENT

NO DEBES DE PAGAR NI COBRAR PARA LLENAR ESTE DOCUMENTO

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Part II. Occurrences to Trigger Power of Attorney

This power shall commence in the event of any of the following occurrences (mark your initials next to each occurrence that will trigger this power):

_____ Deportation of Principal.
_____ Detention of Principal by government authorities for immigration enforcement purposes.
_____ Detention of Principal by government authorities for any civil or criminal purpose.
_____ Medical or mental incapacitation of Principal.
_____ Other (specify): ____________________________

Pursuant to Va. Code Ann. § 64.2-1617, any person to whom this writing is presented is entitled to rely upon this Special Power of Attorney, acknowledged by an affidavit executed by the Agent specified above that one of these events has occurred or such condition exists.

Part III. Minor Children

This Power of Attorney confers the legal powers listed below in relation to my children here identified:

[Full and Complete Name of Child] (Child’s Date of Birth)

[Full and Complete Name of Child] (Child’s Date of Birth)

[Full and Complete Name of Child] (Child’s Date of Birth)

[Full and Complete Name of Child] (Child’s Date of Birth)

[Full and Complete Name of Child] (Child’s Date of Birth)

[Full and Complete Name of Child] (Child’s Date of Birth)

[Full and Complete Name of Child] (Child’s Date of Birth)

[Full and Complete Name of Child] (Child’s Date of Birth)

De acuerdo con la anotación al Código de Virginia § 64.2-1617, cualquier persona a quien se le presente esta escritura tiene derecho a confiar en este Poder Legal Limitado, reconocido por una declaración jurada ejecutada por el Apoderado especificado anteriormente que uno de estos eventos ha ocurrido o tal condición existe.

Hijos Menores

Este Poder Legal otorga las siguientes facultades legales en relación con mis hijos aquí identificados:

[Nombre Completo del Hijo/Hija]
[Fecha de Nacimiento del Hijo/Hija]
Part IV. Powers Conferred

I hereby confer upon my agent full and complete authority to exercise the following powers on my behalf. (Mark your initials on the line next to each applicable power.)

_____ To take temporary custody of the above-named children until such time as I request the return of full custody to me. This is done without prejudice to my legal rights.

_____ To authorize and make travel arrangements on behalf of my children by air and/or ground transportation; to accompany my children on any such trips; and to make any and all related arrangements on behalf of my children including, but not limited to, hotel accommodations.

_____ To make all educational decisions and take all educational actions on behalf of my children, including, but not limited to:

- Enrolling my children in school.
- Making special education decisions for my children.
- Giving consent for field trips and other school matters.
- Deciding who may pick up my children from school.
- Paying school fees authorized by state law and local school board policies.
- Obtaining all educational records regarding my children.
- Making all medical, mental health, and dental decisions required by a school on behalf of my children.
- Obtaining all medical, mental health, and dental records regarding my children.
- Providing all information and cooperation needed by a school to educate my children.

Poderes Conferidos

Por la presente doy a mi Apoderado plena y completa autoridad para ejercer los siguientes poderes en mi nombre. (Coloque sus iniciales al lado de cada poder que aplique a su caso.)

Asumir custodia temporal de los niños, nombrados anteriormente, hasta el tiempo que yo solicite el regreso de la custodia completa a mi. Esto se hace sin perjuicio a mis derechos legales.

Autorizar y hacer planes de viajes por avión y/o transporte terrestre en nombre de mis hijos; acompañar a mis hijos en cualquiera de dichos viajes; y hacer cualquier y todos los arreglos en nombre de mis hijos, incluyendo, pero no limitando a hospedaje en hoteles.

Tomar todas las decisiones educacionales y tomar todas las acciones educacionales en nombre de mis hijos, incluyendo pero no limitando a:

- Matricular a mis hijos en la escuela.
- Tomar decisiones de educación especial por mis hijos.
- Dar consentimiento para viajes de excursión y otros asuntos escolares.
- Decidir quién puede recoger a mis hijos de la escuela.
- Pagar gastos escolares autorizados por ley estatal y políticas de la junta de la escuela local.
- Obtener todos los documentos escolares relacionados con mis hijos
- Tomar todas las decisiones médicas, de salud mental y dental, requeridas por la escuela en nombre de mis hijos.
• Acting on behalf of my children in any school disciplinary matter.

To act on my behalf, in loco parentis, with respect to making medical treatment decisions for my children (Va. Code § 54.1-2969(A)(6)), including but not limited to the following:

• Determining and consenting to the medical treatment of my children.

• Requesting, receiving, inspecting and disclosing any information and medical and hospital records relating to the physical and mental health of my children as their personal representative, including any and all information governed by the Health Insurance Portability and Accountability Act of 1996 and all other application statutory provisions and common law.

• Signing documents, waivers and releases required by a hospital or physician.

• Authorizing my children’s admission to or discharge from any hospital or other medical care facility (including transfer to another facility).

• Consulting with any provider of health care regarding my children.

• Making any and all other decisions related to my children’s health care needs.

• Obtener todos los documentos médicos, de salud mental y dental, relacionados con mis hijos.

• Proveer toda la información y cooperación que necesite la escuela para educar a mis hijos.

• Actuar en nombre de mis hijos en cualquier asunto disciplinario en la escuela.
____ To enroll and manage the participation of my children in Medicaid and other programs and services for their benefit.

____ To do, take, and perform all acts required for my children as I might or could do if personally present and not under disability.

____ Other (specify):

The rest of this page is intentionally blank. Power of Attorney continues on next page.

Inscribir y administrar la participación de mis hijos en Medicaid y otros programas y servicios para su beneficio.

Hacer, tomar y efectuar todas las acciones requeridas por mis hijos como si yo pudiera o fuese posible para mi estar personalmente presente y no bajo ninguna discapacidad.

Otro (especifique)

El resto de esta página está en blanco intencionalmente. El Poder Legal continúa en la página siguiente.
Part V. Affirmation

I, ______________________________, sign my name to this Power of Attorney on _____________________, 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 I am eighteen years of age or older, of sound mind, and under no constraint or undue influence.

______________________________
(Signature of Principal)

Part VI. Notarization

COMMONWEALTH OF VIRGINIA
[CITY] [COUNTY] OF ____________________________, to wit:

The foregoing Limited Power of Attorney consisting of six pages, this page included, was sworn before me this ____________________,

(Date)

by _______________________________,

(Name of Principal)

Notary Public: _______________________________

My Commission Expires: _______________________

My Registration No. is: _______________________

Declaración

Yo, [Nombre Completo de Poderdante], firmo mi nombre en este Poder de Legal en [Fecha], y primero siendo debidamente jurado, declaro a la autoridad abajo firmante que yo firmo y ejecuto este instrumento como mi Poder Legal y que yo lo firmo por propia voluntad, o voluntariamente dirijo que otro lo firme por mí, que yo lo ejecuto como mi acto libre y voluntario para los propósitos expresados en el Poder Legal y que soy mayor de dieciocho años de edad, de sano juicio y no estoy bajo ninguna restricción o influencia inapropiada.

[Firma del Poderdante]

Autenticación bajo Notario

MANCOMUNIDAD DE VIRGINIA
[CUIDAD] [CONDADO] DE [nombre de la ciudad o del condado], da a saber:

El Poder Legal Limitado anterior que consta de seis páginas, incluyendo esta página, fue jurado ante mí el [fecha], por [Nombre del Poderdante].

Notario Público:
Mi comisión expira el:
Mi número de registro es:
LIMITED POWER OF ATTORNEY – PROPERTY

Part I. Identifying Information

I, ________________________________________,

(Full and Complete Name of Principal)

derby appoint ________________________________________,

(Full and Complete Name of Agent)

(herein referred to as “Agent”) address ____________________________

(Address of Agent)


to serve as my Agent under this Limited Power of Attorney.

I also hereby appoint ________________________________________,

(Full and Complete Name of Alternate Agent)

_______________________________. (herein referred to as “Alternate”)

address ____________________________

(Address of Alternate Agent)


to serve as my successor agent if Agent predeceases me, resigns this

power, or becomes unable to serve hereunder. If Agent is unable to

serve hereunder for any reason, all references herein to Agent shall

refer to Alternate, and Alternate shall be authorized to serve as my

agent hereunder.

In the absence of actual knowledge to the contrary, any person or entity

shall be entitled to rely conclusively upon the affidavit of Alternate

setting forth that Agent is unable, unwilling, or unavailable to serve or

continue in service as my agent, and such affidavit shall be sufficient

for all purposes to authorize Alternate to act as my agent under this

instrument.

I intend to create a Limited Power of Attorney with this instrument.

Información Identificativa


Yo, igualmente, a través de este documento designo a [Nombre Completo del Apoderado Alterno] (en lo sucesivo denominado como “Alterno”) con dirección en [Dirección del Apoderado Alterno] para servir como mi Apoderado sucesor si mi Apoderado muere antes que yo, renuncia a este poder o se vuelve incapaz de servir en virtud del presente. Si el Apoderado no puede servir por cualquier razón, todas las referencias aquí mencionadas al Apoderado se referirán al Apoderado Alterno y el Apoderado Alterno estará autorizado para servir como mi Apoderado de aquí en adelante.

En ausencia de conocimiento real de lo contrario, cualquier persona o entidad tendrá derecho a confiar de manera concluyente en la declaración jurada del Apoderado Alterno estableciendo que el Apoderado no puede, no quiere o no está disponible para servir o continuar en servicio como mi Apoderado y dicha declaración jurada deberá ser suficiente para todos los propósitos para autorizar al Apoderado Alterno para actuar como mi Apoderado bajo este instrumento.

Yo tengo la intención de crear un Poder Legal Limitado con este instrumento.
Part II. Occurrences to Trigger Power of Attorney

This power shall commence in the event of any of the following occurrences (mark your initials next to each occurrence that will trigger this power):

_____ Deportation of Principal.

_____ Detention of Principal by government authorities for immigration enforcement purposes.

_____ Detention of Principal by government authorities for any civil or criminal purpose.

_____ Medical or mental incapacitation of Principal.

_____ Other (specify):

________________________________________

________________________________________

Pursuant to Va. Code Ann. § 64.2-1617, any person to whom this writing is presented is entitled to rely upon this Special Power of Attorney, acknowledged by an affidavit executed by the Agent specified above that one of these events has occurred or such condition exists.

Part III. Powers Conferred

_____ Sell or rent my home, located at __________________________ (Address)

proceeds to be deposited in my bank account at __________________________

(Name of Bank)

account number: __________________________.
__

Gain access to my house or apartment located at
____________________________________ (Address)
remove my personal property from it, and negotiate an end
to my lease.

__

Make deposits to and withdrawals from my bank account
located at ___________________________________ (Name of Bank),
account number: ________________________________.

__

Sell my car(s) or vehicle(s), including but not limited to:
Make, model, and year: __________________________
Vehicle Identification Number (VIN): ______________
______________________________________________

__

Other (specify): _________________________________
______________________________________________
______________________________________________
______________________________________________

The rest of this page is intentionally blank. Power of Attorney continues on next page.

El resto de esta página está en blanco intencionalmente. El Poder Legal continúa en la página siguiente.
Part IV. Affirmation

I, ________________________________ (Full and Complete Name of Principal), sign my name to this Power of Attorney on ________________________________ (Date), 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 I am eighteen years of age or older, of sound mind, and under no constraint or undue influence.

______________________________ (Signature of Principal)

Part V. Notarization

COMMONWEALTH OF VIRGINIA [CITY] [COUNTY] OF ________________________________, to wit:

The foregoing Limited Power of Attorney consisting of four pages, this page included, was sworn before me this ________________________________ (Date), by ________________________________, (Name of Principal).

Notary Public: ________________________________

My Commission Expires: ________________________________

My Registration No. is: ________________________________

Declaración

Yo, [Nombre Completo de Principal], firme mi nombre a este Poder de Abogado en [Fecha], y primero siendo debidamente jurado, declaro a la autoridad abajo firmante que yo firmo y ejecuto este instrumento como mi Poder de Abogado y que yo lo firmo por propia voluntad, o voluntariamente dirijo que otro lo firme por mí, que yo lo ejecuto como mi acto libre y voluntario para los propósitos expresados en el Poder de Abogado y que yo soy mayor de dieciocho años de edad, siendo de sano juicio y bajo ninguna restricción o influencia inapropiada.

[Firma del Principal]

Autenticación bajo Notario

MANCOMUNIDAD DE VIRGINIA [CIUDAD] [CONDADO] DE [nombre de la ciudad o del condado], da a saber:

El Poder Legal Limitado anterior que consta de cuatro páginas, incluyendo esta página, fue jurado ante mí el [fecha], por [Nombre del Principal].

Notario Público:
Mi comisión expira el:
Mi número de registro es:
CHECKLIST FOR POWER OF ATTORNEY

A. PLAN
Start by carefully reading the legal documents and instructions included with this kit, discussing your wishes and the legal options with your loved ones and with the person you select to be your Agent, and making plans for how it will work.

1. From the Introduction to Powers of Attorney document, carefully review the events that can trigger the Power of Attorney and the authority you can grant. Decide which you will select. □

2. Identify someone you trust completely to be your Agent. □

3. Talk with the person you want to be your Agent, to ensure that he/she is willing and able to take on those responsibilities. □

4. For each type of authority that you will want your Agent to exercise, discuss with him/her your specific goals or wishes. □

5. Make a plan with your Agent for notifying him/her that a triggering event has occurred. □

6. Make a plan for communicating with your Agent after he/she has assumed responsibility for your affairs. □

7. Make a plan with your family and your Agent for where important information and documents will be kept, and how your Agent will get access to them in case of emergency. □

B. GATHER
Next, collect the following information and documents.

8. Your official identification (a state-issued picture ID, your passport, consular ID, etc.). □

9. The full and complete name of the Agent you will be designating, as it appears on his/her official identification (a state-issued picture ID, passport, consular ID, etc.). □
10. For each bank account you want your Agent to be able to use: the name of the bank and the account number.

11. For each vehicle you want your Agent to be able to register or sell: make (manufacturer), model, year, vehicle identification number (VIN), and title.

12. Titles or deeds to any property you want your Agent to be able to sell or rent.

13. Any lease agreements or other contracts you want your Agent to be able to terminate or renegotiate for you.

C. EXECUTE

Finally, you will complete the Power of Attorney forms included with this kit and have them notarized.

14. Based on the decisions made and information collected (as described above), fill in the blanks in the Power of Attorney forms included with this kit. Review the completed forms with an attorney or a trained volunteer supervised by an attorney.

15. Sign the completed forms and have your signature notarized by a licensed notary public.

(Your Agent does not need to come with you or sign any document to execute the Power of Attorney.)
FORM FOR PREPARING POWER OF ATTORNEY

Please fill in this form with all applicable information. (Use other sheets of paper if needed.)

THIS DOCUMENT IS NOT A POWER OF ATTORNEY. It only helps collect information needed for a POA.

TODAY’S DATE: __________________________

YOUR COMPLETE LEGAL NAME:

(First Name) (Middle Name) (Last Name)

A. INFORMATION FOR POWER OF ATTORNEY FOR MINOR CHILDREN

Do you want to name someone to be your temporary agent so they can make decisions on your behalf regarding your minor children, if one day you are unable to make those decisions?

[ ] Yes [ ] No

FULL LEGAL NAMES AND DATES OF BIRTH OF YOUR CHILDREN UNDER THE AGE OF 18:

________________________________________________________

________________________________________________________

________________________________________________________

FULL LEGAL NAME OF THE AGENT:

(First Name) (Middle Name) (Last Name)

AGENT’S ADDRESS:

________________________________________________________

________________________________________________________

FULL LEGAL NAME OF THE ALTERNATE AGENT:

(First Name) (Middle Name) (Last Name)

ALTERNATE AGENT’S ADDRESS:

________________________________________________________

________________________________________________________
B. INFORMATION FOR POWER OF ATTORNEY FOR PROPERTY

Do you want to name someone to be your agent so they can make decisions on your behalf regarding your property, if one day you are unable to make those decisions? [ ] Yes [ ] No

ADDRESS OF YOUR HOME, IF YOU OWN IT:

________________________________________________________________________

ADDRESS WHERE YOU LIVE AND HAVE PERSONAL PROPERTY:

________________________________________________________________________

BANK ACCOUNTS:
Name of bank: _____________________________________________
Account number: __________________________________________
Name of bank: _____________________________________________
Account number: __________________________________________

CARS OR VEHICLES TITLED IN YOUR NAME:
Make, model, year: _________________________________________
VIN Number: _____________________________________________
Make, model, year: _________________________________________
VIN Number: _____________________________________________

FULL LEGAL NAME OF THE AGENT:
(First Name) (Middle Name) (Last Name)

AGENT’S ADDRESS:

________________________________________________________________________

FULL LEGAL NAME OF THE ALTERNATE AGENT:
(First Name) (Middle Name) (Last Name)

ALTERNATE AGENT’S ADDRESS:

________________________________________________________________________