

ADAMS & REMERS

LASTING POWER OF ATTORNEY INSTRUCTION BOOKLET

This form will provide us with most of the information required to draft a Lasting Power of Attorney for you. It will also reveal what special arrangements are advisable to meet your needs. It will provide the basis for future discussions and is not intended to be a legal document.

TYPE OF LASTING POWER OF ATTORNEY

Financial

Personal Welfare
(e.g selection of nursing
home, etc)

Both

PERSONAL DETAILS

YOU

SPOUSE/PARTNER

Title:

Full names:

Former/maiden name:

Address:

Dates of Birth:

Telephone numbers:

(Home)

(Work)

(Mobile)

E-mail:

ATTORNEY DETAILS

ATTORNEY 1

ATTORNEY 2

Title:

Full names:

Address:

Telephone:

Date of Birth:

Occupation:

Are your Attorneys to act:

Together on all issues

Together or separately on all issues

Together on some issues but together or separately on other issues
(please provide further information in the box below)

REPLACEMENT ATTORNEY

Do you want to appoint a replacement Attorney? If yes:

Title:

Full names:

Date of Birth:

Address:

Occupation:

Under what circumstances would you want the replacement attorney to act?

Death of an Attorney

Physical or mental incapacity of an Attorney

Other – please provide details below

GUIDANCE AND RESTRICTIONS

Are there any restrictions or conditions that you would like to impose on your Attorney(s)? If yes, please provide details below

What guidance do you want your Attorney(s) to consider when deciding what may or may not be in your best interests?

Have you agreed to pay your Attorney(s) a fee for acting as your Attorney(s)? If yes, please provide details below:

PLEASE NOTE:

Professional Attorneys will expect to be able to charge for any work carried out on your behalf

PERSONAL WELFARE LPAs - LIFE SUSTAINING TREATMENT

You **MUST** answer this question if you are making a Personal Welfare LPA.

Do you want your Attorneys to have the authority to give or refuse consent to life-sustaining treatment on your behalf?

Yes

No

REGISTRATION OF THE LASTING POWER OF ATTORNEY

The Lasting Power of Attorney must be registered with the Court of Protection before it can be used. You are allowed to notify up to five people of the application as a safeguard. Do you

want to notify someone of the application? If yes, please provide details:

1. Full name (including title):

Address:

Telephone:

E-mail:

2. Full name (including title):

Address:

Telephone:

E-mail:

3. Full name (including title):

Address:

Telephone:

E-mail:

4. Full name (including title):

Address:

Telephone:

E-mail:

5. Full name (including title):

Address:

Telephone:

E-mail:

Not want to notify anyone of the registration? If so, please note that there must be two Certificate Providers (see following page)

CERTIFICATE PROVIDER

The Certificate Provider can be someone who has known you personally for at least two years, but cannot be one of the following

- a member of your family or the attorney's family
- a business partner or paid employee of yours or the attorney(s)
- an attorney appointed by you in this or any other LPA or EPA
- the owner, director, manager or employee of a care home in which you live

Provide the Certificate Provider's details as follows:

Full name (including title):

Address:

Telephone:

Mobile:

E-mail:

If the Certificate Provider is to be someone who has not known you for two years, please confirm whether it will be:

A solicitor at Adams & Remers (but **NOT** if you are appointing one or more of the partners in the firm as attorney(s))

Another professional person (lawyer, doctor, social worker) - if so:

Full name (including title):

Address:

Qualification:

Telephone:

Mobile:

E-mail:

ADDITIONAL CERTIFICATE PROVIDER

A second Certificate Provider is only required if no-one is being served with notice of the application to register the LPA. Please confirm details if required:

Full name (including title):

Address:

Qualification:

Telephone:

Mobile:

E-mail: