

# LASTING POWER OF ATTORNEY QUESTIONNAIRE

Date received instructions:

Fee Earner:

## 1. DONOR

<b>Full Name</b>	
<b>Professional Name or Alias</b> (If Any)	
<b>Address</b>	
<b>Telephone Number</b> (Daytime)	
<b>Telephone Number</b> (Evening)	
<b>E-Mail Address</b>	
<b>Marital Status</b> (delete as appropriate)	Single/Married/Widow/Divorced/Cohabitee
<b>Date of Birth</b>	
<b>Occupation</b>	
<b>Other Powers of Attorney</b>	

## 2. TYPE OF LASTING POWER OF ATTORNEY

<b>Lasting Power of Attorney Property &amp; Financial Affairs</b>	
<b>Lasting Power of Attorney Health &amp; Personal Welfare</b>	

### 3. ATTORNEYS

<u>ATTORNEY 1</u>	
<b>Full Name</b>	
<b>Address</b>	
<b>Date of Birth</b>	
<b>Telephone Number</b> (Daytime)	
<b>Relationship to you</b>	
<b>Occupation</b>	

<u>ATTORNEY 2</u>	
<b>Full Name</b>	
<b>Address</b>	
<b>Date of Birth</b>	
<b>Telephone Number</b> (Daytime)	
<b>Relationship to you</b>	
<b>Occupation</b>	

I would like more than one attorney, and I would like my attorneys to act: -

<b>Together</b> The attorneys can never act separately	
<b>Together and independently</b> The attorneys can act separately	
<b>Some matters together and some matters independently</b> The attorneys can act separately on some matters but can never act separately on other matters.	

#### 4. REPLACEMENT ATTORNEYS

You can appoint a replacement attorney to act in place of an attorney, where he or she is unable to act. I would like to appoint a replacement attorney: -

<b>Yes</b>	
<b>No</b>	

<u>REPLACEMENT ATTORNEY 1</u>	
<b>Full Name</b>	
<b>Address</b>	
<b>Date of Birth</b>	
<b>Telephone Number</b> (Daytime)	
<b>Relationship to you</b>	
<b>Occupation</b>	

<u>REPLACEMENT ATTORNEY 2</u>	
<b>Full Name</b>	
<b>Address</b>	
<b>Date of Birth</b>	
<b>Telephone Number</b> (Daytime)	
<b>Relationship to you</b>	
<b>Occupation</b>	

#### 5. PAYING YOUR ATTORNEYS

Your attorney can recover out-of-pocket. However an attorney, particularly a professional attorney, can charge for their services if you authorise your attorneys to charge for their services. I would authorise my attorneys charge for their services: -

<b>Yes</b>	
<b>No</b>	

**6. RESTRICTIONS UPON YOUR ATTORNEYS**

Your lasting power of attorney may include legally binding restrictions upon your attorneys. However this may reduce the attorney’s discretion and flexibility. I would like to include the following legally binding restrictions: -

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**7. GUIDANCE TO YOUR ATTORNEYS**

Your lasting power of attorney may include discretionary guidance for your attorneys. I would like to include the following discretionary guidance: -

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**8. CERTIFICATE PROVIDER**

In order to make a Lasting Power of Attorney, an independent person must provide a certificate to confirm that, in their opinion, you making the Lasting Power of Attorney of your own free will, that you understand its purpose and powers. This is an important safeguard, as this person can raise concerns on your behalf.

<u>CERTIFICATE PROVIDER</u>	
<b>Full Name</b>	
<b>Address</b>	
<b>Telephone Number</b> (Daytime)	
<b>Knowledge/Skills/</b>	

## 9. PERSON TO BE NOTIFIED

You may choose a person to be notified of your Lasting Power of Attorney. This is also an important safeguard, as this person can also raise concerns on your behalf. If you do not choose a person, you will need to have two certificate providers rather than one.

<u>NOTIFIED PERSON 1</u>	
<b>Full Name</b>	
<b>Address</b>	
<b>Telephone Number</b> (Daytime)	
<b>Relationship to you</b>	

<u>NOTIFIED PERSON 2</u>	
<b>Full Name</b>	
<b>Address</b>	
<b>Telephone Number</b> (Daytime)	
<b>Relationship to you</b>	