



## **ELDER JUSTICE CENTER**

779 Route 4, Suite E

Sinajana, Guam 96910

Telephone No. 671-300-7809

[support@guamejc.org](mailto:support@guamejc.org)

**INSTRUCTIONS:** The information being asked on this questionnaire will be used to create your legal document. When filling in this questionnaire, please ensure your information is complete and accurate to the best of your knowledge.

**An appointment with an attorney may be delayed if this questionnaire is incomplete.**

Please submit your completed questionnaire by email to [support@guamejc.org](mailto:support@guamejc.org) or you may mail or deliver, in person, to our office at 779 Route 4, Suite E, Sinajana, Guam, 96910.

If you are unsure of what information to provide or if you require assistance with the questionnaire, please contact our office telephone at (671) 300-7809 or email us at [support@guamejc.org](mailto:support@guamejc.org).



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**DURABLE POWER OF ATTORNEY (POA) QUESTIONNAIRE**

**Person whom you will grant power to:**

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Alternate person whom you will grant power to:**

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Email Address: \_\_\_\_\_

**What are the powers that you want them to have:**

<input type="checkbox"/>	<b><u>BANKING</u></b> : To receive and deposit and withdraw funds. Bank name(s) and account number(s): _____ _____
<input type="checkbox"/>	<b><u>PAY BILLS</u></b> : To pay any bills, accounts, claims, and demands now or hereafter owed by principal.
<input type="checkbox"/>	<b><u>COLLECT</u></b> : To collect and receive any monies which are now or which may become due, owing, and payable to the principal.
<input type="checkbox"/>	<b><u>SAFE DEPOSIT BOX</u></b> : To have access at any time or times to any safe deposit box rented by me or to which I may have access.
<input type="checkbox"/>	<b><u>LENDING OR BORROWING</u></b> : To make loans in my name; to borrow money or mortgage property in my name in my name.
<input type="checkbox"/>	<b><u>GOVERNMENT BENEFITS</u></b> : To apply for and receive any government benefits for which I may be eligible or become eligible, including but not limited to, Social Security, Medicare and Medicaid.
<input type="checkbox"/>	<b><u>RETIREMENT PLAN</u></b> : To contribute to, select payment option of, roll-over, and receive benefits of any retirement plan or IRA I may own, except my attorney-in-fact shall not have power to change the beneficiary of any of my retirement plans or IRAs.
<input type="checkbox"/>	<b><u>TAXES</u></b> : To complete and sign and pay any local, state and federal tax returns on my behalf.
<input type="checkbox"/>	<b><u>INSURANCE</u></b> : To purchase insurance on my behalf, except my attorney-in-fact shall not have the power to cash in or change the beneficiary of any life insurance policy.
<input type="checkbox"/>	<b><u>PERSONAL PROPERTY</u></b> : To purchase and sell my personal property.
<input type="checkbox"/>	<b><u>POWER TO MANAGE PROPERTY</u></b> : To manage my property.
<input type="checkbox"/>	<b><u>LEGAL ADVICE AND PROCEEDINGS</u></b> : To obtain and pay for legal advice including actions against third parties who refuse, without cause, to honor this instrument.
<input type="checkbox"/>	<b><u>UTILITIES</u></b> : To apply for and/or terminate power, water, telephone, cable, and any other utilities in the principal's name.
<input type="checkbox"/>	<b><u>MEDICAL/DENTAL</u></b> : To schedule doctor' and dental appointments and to authorize all medical, dental, and hospital care and treatment and to execute all such consents, authorizations, and releases.



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PUBLIC BENEFITS: To apply and get re-certification of public benefits.

SOCIAL SECURITY: To deal with Social Security Administration.

This power of attorney shall not be affected by the disability of the principal

**YES**    **NO**

This power of attorney shall become effective upon the disability or incapacity of the principal

**YES**    **NO**

Do you want this POA to expire within a certain period of time?

**YES**    **NO**      If Yes, when:

**\*\*\*Remember, your POA terminates upon your death.\*\*\***

SPECIAL INSTRUCTIONS: On the following lines are any special instructions limiting or extending the powers I give to my attorney-in-fact (Write "None" if no additional instructions are to be given)