

Power of Attorney Intake Form

Thank you for selecting Open Door Law Corporation to potentially assist you with a Power of Attorney. Powers of Attorney are highly effective documents that are used by one party to assist another with financial matters. Please complete our Power of Attorney Intake Form as completely as possible as the information provided will be used to check for conflicts and comply with the Law Society of British Columbia's identification requirements. By completing this form in advance, we can spend more time focusing on the Power of Attorney and related issues. Submission of this form will help us assess your matter and whether we can help you. It should not be inferred that a lawyer-client relationship is formed until we confirm this with you. Please note that this form assumes that British Columbia law applies to you. We reserve the right to request additional information from you either before or during our meeting.

PLEASE PRINT CLEARLY. Fields marked with * are required

A. Personal Information of the Donor

Your Full Legal Name:

First Name: *	Middle Name:	Last Name: *
Name variation(s) or other names used:		
Phone: *	Email: *	

Relationship status: Single Married Common Law

Does your partner also require a power of attorney? Yes No

Your Partner's Full Legal Name:

First Name: *	Middle Name:	Last Name: *
Name variation(s) or other names used:		
Phone: *	Email: *	

B. Information about Your Attorney

First Name: *	Middle Name:	Last Name: *
Phone: *	Email: *	
Occupation: *	Relationship to You: * (e.g. spouse, son, daughter, friend)	

Do you have an alternate person you are appointing as your power of attorney? Yes No

If yes, what is the working relationship between your primary and alternate attorneys?

Each of them can act separately They must act together

Your Alternate Attorney

First Name: *	Middle Name:	Last Name: *
Phone: *	Email: *	
Occupation: *	Relationship to You: * (e.g. spouse, son, daughter, friend)	

C. Additional Information

Have you given a power of attorney to anyone else that remains valid? Yes No

If yes, are we revoking that existing power of attorney? Yes No

Do you wish your power of attorney to continue if you lose capacity? Yes No

Do you wish your attorney to have the ability to appoint a replacement attorney? Yes No

Do you own real property/real estate? Yes No

If yes, please provide real property address:

Street Address:		
City:	Province:	Postal Code:

Can your attorney use the power of attorney to transfer property from you to himself or herself?

Yes No

Can your attorney use the power of attorney to provide gifts to a charity(ies)? Yes No

Can your attorney use the power of attorney to delegate authority to retain the services of a qualified person to assist the Attorney?

Yes No

When do you wish the Power of Attorney to be effective?

- Immediately
- Only when two (2) doctors declare you are incapable of managing your affairs
- Only to be used upon specific condition:

(If the power of attorney is to be used for real property (real estate), please provide the PID number, the legal description, the civic address of the property, and specify if purchase, sale or refinance transaction.)

Indicate how you would like your attorney to be compensated for his/her time and effort on your behalf:

- No fees should be paid
- Only be reimbursed for out-of-pocket expenses
- Paid in a specific amount per month plus reimbursement of out-of-pocket expenses

Amount per month (before reimbursement of expenses): \$

Additional Comments (if any):

Required Consent and Agreement *

I consent to Open Door Law Corporation's Privacy Policy and Terms of Use Disclaimer (www.opendoorlaw.com/privacy-disclaimer).