

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:		
Street Address: *		
City: *	Province: *	Postal Code:
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:		
Street Address:		
City:	Province:	Postal Code:
Phone: *	Email: *	

B. Information about Your Attorney

First Name: *	Middle Name:	Last Name: *
Street Address:		
City:	Province:	Postal Code:
Phone: *	Email: *	
Occupation: *	Relationship to You: * (e.g. spouse, son, daughter, friend)	

Do you have an alternate person you wish to appoint as your alternate power of attorney? Yes No

Your Alternate Attorney

First Name: *	Middle Name:	Last Name: *
Street Address:		
City:	Province:	Postal Code:
Phone: *	Email: *	
Occupation: *	Relationship to You: * (e.g. spouse, son, daughter, friend)	

What is the working relationship between your primary and alternate attorney?

Each of them can act separately They must act together

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 (enduring power of attorney)?

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 address of real property(ies):

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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? (*Select one*)

Immediately

Only when one (1) doctor 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.)

Is your attorney to be compensated for his/her time and effort on your behalf?

No compensation except for out-of-pocket expenses

Other

If other, please specify:

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).