POWER OF ATTORNEY APPLICATION AND RETAINER AGREEMENT

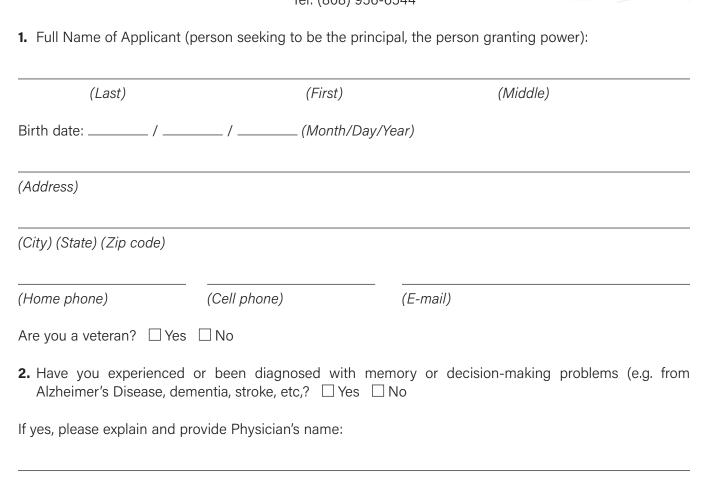
UNIVERSITY OF HAWAII ELDER LAW PROGRAM (UHELP) INCLUDING ELDER LAW CLINIC

Note: This is an Application Form and is not a Power of Attorney

Also Note: This Power of Attorney Does Not Authorize the Agent to Make Health Care Decisions For You (Health Care Powers May Be Authorized Through Durable Powers of Attorney for Health Care Included in Advance Health Care Directives available at UHELP)

Please fill out information, sign and return application to:

University of Hawaii Elder Law Program (UHELP)
William S. Richardson School of Law
2515 Dole Street
Honolulu, Hawaii 96822
Tel: (808) 956-6544



3. Do you currently have a power of attorney? ☐ Yes ☐ No			
4. Name of Proposed	Agent—person to whom yo		
		Relation to you:	
(Proposed Agent's Address)		(City) (State) (Zip code)	
(Telephone)	 (E-mail)		
5. Name of Proposed	Successor Agent:		
		Relation to you:	
(Proposed Successor Agent's Address)		(City) (State) (Zip code)	
(Telephone)	 (E-mail)		
6. Type of Power of A	attorney Requested:		
☐ General—Full Pers	onal, Legal and Financial Po	owers	
☐ Special or Limited.	If Special or Limited descr	ibe powers to be granted:	
		d is effective during periods of incompetency or incapacity statutory form. See information on reverse side.)	
☐ Not Durable—pow	er is discontinued upon prin	cipal's incapacity.	
		ective immediately \square effective only upon incapacity	
☐ Or other effective of	date, termination date, cond	ition or situation, and describe:	
☐ Any Special Instru	ctions to be included? (Use	additional sheets of paper if necessary.)	
7. Do you wish to not	minate your agent as guardi	an/conservator if it becomes necessary? ☐ Yes ☐ No	
•	ne over \$75,000 per year or a home or condominium):	assets over \$100,000 or own or have an interest in real ☐ Yes ☐ No	
9. Do you have a pers	sonal/family attorney? 🗌 Y	es 🗆 No	

APPLICATION PROCESS

Your application will be reviewed for acceptance by UHELP or by the Elder Law Clinic. After your application is received and if it is approved by our attorney, we will schedule you for one or more interviews/meetings with an attorney or with our Elder Law Clinic students. If your application is accepted we will draft a power of attorney for your review. Once there is a final draft, you will then make an appointment to review the power of attorney and to have it signed and notarized.

PLEASE READ THE FOLLOWING INFORMATION AND WARNINGS BEFORE SIGNING

Powers of Attorney are important legal documents that can affect the management of your personal affairs. You should make sure that you know and trust the individual to whom you are granting power as your agent. It is sometimes wise to limit the powers granted and the duration of powers of attorney. You should contact a private practice attorney if you have income over \$75,000 per year or you have assets over \$100,000 or if you own or have an interest in real property (such as a home or condominium or land).

There can be grave consequences to you and your finances through the misuse of a power of attorney by your agent. So choose your agent wisely and carefully consider the following:

- 1. A Power of Attorney grants the person you designate as your agent a wide range of powers relating to your personal, legal and financial matters.
- 2. The powers you grant to your agent in a Durable Power of Attorney will last indefinitely unless you limit their duration within the power of attorney document. The powers of a durable power of attorney will continue to exist notwithstanding your subsequent disability, incapacity, or incompetency. Thus, it is important that you exercise great care in selecting an agent and in spelling out the powers and guidelines for the agent to follow.
- 3. You have the right to revoke, terminate, or modify a power of attorney at any time. In any event, it is a good idea to review it at least once a year.

I understand that law students under the supervision of an attorney may be assisting me with this matter. I understand that approval of a UHELP attorney is required before UHELP or the Elder Law Clinic can agree to assist me with this matter. I must sign another written agreement before UHELP or the Elder Law Clinic assumes responsibility for assisting me or representing me concerning another legal problem. I understand that UHELP will not maintain any of my files and will not keep the original or copies of any documents I may execute. I have read and I understand the above information and warnings.

(Signature of Applicant)	(Date)
(Attorney - UHELP)	(Date)
Return completed application to:	University of Hawaii Elder Law Program 2515 Dole Street, Honolulu, HI 96822

Call 956-6544 if you have questions about this application.