



Durable power of attorney

What is a power of attorney?

A power of attorney form lets you choose a trusted friend or relative to help you with your finances and/or health care decisions. After you sign it, the person you choose will take the power of attorney to your medical providers, bank, school, and other places to make decisions and sign contracts just as if they were you.

The trusted friend or relative you choose to help you with your finances and/or health care decisions is called your “agent.”

A power of attorney is “durable” if it says that your agent can use it even if you become sick or injured and cannot make decisions for yourself.

Do I need to sign my power of attorney in front of a notary?

You should sign your Durable Power of Attorney forms in front of a notary. If you cannot find a notary, you can sign it in front of two “disinterested” witnesses instead. However, notarization is preferred, especially for a Durable Power of Attorney for Finances.

What should I do after I sign it?

After you sign your forms, make 2 copies. Give the original form to your agent, give one copy to your alternate agent, and keep the second copy for yourself.

Can I change my power of attorney and choose a new agent?

Yes. You can cancel (you can **revoke**) your power of attorney at any time with a written notice to your agent. Our [Cancel \(revoke\) a Power of Attorney](#) packet has the form and instructions to do this.

After you revoke your old power of attorney, you can sign a new power of attorney form to choose a different agent. In your new power of attorney form, make sure it says all earlier power of attorney forms are revoked.



What if I need legal help?

- **Apply online** - nwjustice.org/apply-online
- **Facing a legal issue in King County** (other than Eviction or Foreclosure)? Call 2-1-1 (or toll-free 1-877-211-9274) weekdays 8:00 am - 6:00 pm. They will refer you to a legal aid provider.
- **Facing a legal issue outside of King County** (other than Eviction or Foreclosure)? Call the CLEAR Hotline at 1-888-201-1014 weekdays between 9:15 am - 12:15 pm or apply online at nwjustice.org/apply-online.
- **Facing Eviction?** Call 1-855-657-8387.
- **Facing Foreclosure?** Call 1-800-606-4819.
- **Seniors (age 60 and over)** with a legal issue outside of King County can also call CLEAR*Sr at 1-888-387-7111.

Deaf, hard of hearing or speech impaired callers can call any of these numbers using the relay service of your choice.

Interpreters provided.

This publication provides general information concerning your rights and responsibilities. It is not intended as a substitute for specific legal advice.

© 2024 Northwest Justice Project — 1-888-201-1014
and Seattle University School of Law Clinical Program

(Permission for copying and distribution is granted to the Alliance for Equal Justice and to individuals for non-commercial purposes only.)

Durable Power of Attorney for Finances

for

(my name)

(my date of birth)

1. **Agent.** I choose (*name*): _____ as my Agent with full authority to manage my finances.
2. **Alternate.** If the agent named above is unable or unwilling to act, I choose (*name*): _____ as my Agent with full authority to manage my finances.
3. **My Rights.** I keep the right to make financial decisions for myself if I am capable.
4. **Durable.** My Agent can use this power of attorney to manage my finances even if I become sick or injured and cannot make decisions for myself. My disability will not affect this power of attorney.
5. **Start Date.** This power of attorney is effective (*check one*):
 - Immediately.
 - only if my medical provider signs a letter saying I cannot make decisions for myself.
6. **End Date.** This power of attorney will end if I revoke it or when I die. If my spouse or domestic partner is my Agent, this power of attorney will end if either of us files for divorce in court.
7. **Revocation.** I revoke any power of attorney for finances documents I have signed in the past. I understand that I may revoke this power of attorney at any time by giving written notice of revocation to my Agent.
8. **Powers.** My Agent shall have full power and authority to do anything as fully and effectively as I could do myself, including, but not limited to, the power to:
 - ✓ Make deposits to, and payments from, any account in my name in any financial institution
 - ✓ Open and remove items from any safe deposit box in my name
 - ✓ Sell, exchange, or transfer title to stocks, bonds, or other securities
 - ✓ Sell, convey, or encumber any real or personal property
 - ✓ Apply for and manage governmental benefits, including Medicaid
9. **Special Powers.** My agent shall also have the following powers:
 - Yes No – Give gifts of my money or property
 - Yes No – Create, change, or cancel my rights of survivorship

Durable Power of Attorney for Health Care

for

(my name)

(my date of birth)

1. **Agent.** I choose (*name*): _____ as my Agent with full authority to manage my health care.
2. **Alternate.** If the agent named above is unable or unwilling to act, I choose (*name*): _____ as my Agent with full authority to manage my health care.
3. **My Rights.** I keep the right to make health care decisions for myself if I am capable.
4. **Durable.** My Agent can use this power of attorney to manage my affairs even if I become sick or injured and cannot make decisions for myself. My disability will not affect this power of attorney.
5. **Start Date.** This power of attorney is effective on the day I sign it.
6. **End Date.** This power of attorney will end if I revoke it or when I die. If my spouse or domestic partner is my Agent, this power of attorney will end if either of us files for divorce in court.
7. **Revocation.** I revoke any other power of attorney for health care documents I have signed in the past. I understand that I may revoke this power of attorney at any time by giving written notice of revocation to my Agent.
8. **Powers.** My Agent shall have full power and authority to do anything as fully and effectively as I could do myself, including, but not limited to, the power to:
 - ✓ Make health care decisions and give informed consent to my health care
 - ✓ Refuse and withdraw consent to my health care
 - ✓ Employ and discharge my health care providers
 - ✓ Apply for and consent to my admission to a medical, nursing, residential, or other similar facility that is **not** a mental health treatment facility
 - ✓ Serve as my personal representative for all purposes under the Health Insurance Portability and Accountability Act (HIPAA) of 1996, as amended
 - ✓ Visit me at any hospital or other medical facility where I reside or receive treatment

9. **Government Benefits.** My Agent shall have full power and authority to arrange for and manage all government benefits on my behalf, including but not limited to signing and consenting to applications, contracts, ongoing eligibility review agreements, and care plans for federal and state cash, food, medical, housing, and long-term care benefits and services.
10. **Mental Health Treatment.** My Agent is **not** authorized to arrange for my commitment to or placement in a mental health treatment facility. My Agent is **not** authorized to consent to electroconvulsive therapy, psychosurgery, or other psychiatric or mental health procedures that restrict physical freedom of movement.
11. **Accounting.** My Agent shall keep accurate records of my financial affairs and show these records to me at my request.
12. **Nomination of Guardian.** I nominate my Agent as my guardian for consideration by the court if guardianship proceedings become necessary.
13. **HIPAA Release.** I authorize my healthcare providers to release all information governed by the Health Insurance Portability and Accountability Act of 1996 (HIPAA) to my Agent.

▶ _____
 My signature (*in front of a notary or witnesses*) Date

Notarization (preferred)

State of Washington
 County of _____
 Signed or attested before me on (*date*) _____
 by (*name*) _____

▶ _____
 Signature of Notary
 Notary Public for the State of Washington.
 My commission expires _____

Statement of Witnesses (only if you cannot find a notary)

On (date): _____, (name): _____
signed this Durable Power of Attorney in my presence. I agreed to witness their signature at their request.

- I am not related to this person by blood, marriage, or state registered domestic partnership.
- I do not provide care for this person at home or in a long-term care facility.

Witness 1

▶ _____

Signature

Print name: _____

Address: _____

Phone: _____

Witness 2

▶ _____

Signature

Print name: _____

Address: _____

Phone: _____

**Durable Power of Attorney for Health Care
Attachment: Contact Info**

My name

First	Middle	Last
-------	--------	------

My date of birth _____

My phone number _____

My email address _____

My mailing address _____

My primary care medical provider _____

Power of attorney

I have a **Durable Power of Attorney** that lets someone else (my “agent”) make health care decisions for me if I am not able.

My health care agent’s name

First	Middle	Last
-------	--------	------

Agent’s relationship to me (Examples: friend, partner, spouse, sister, etc.)

Agent’s phone number _____

Agent’s email address _____

My alternate health care agent’s name

First	Middle	Last
-------	--------	------

Alternate agent’s relationship to me (friend, partner, spouse, sister, etc.)

Alternate agent’s phone number _____

Alternate agent’s email address _____

Glossary

- **Agent:** the trusted person you choose to help you with your finances or health care.
- **Beneficiary:** the person who gets money or property. For example, if you have life insurance and you die, the person who gets the insurance money is called a beneficiary. The person who gets money or property from a trust is also called a beneficiary.
- **Beneficiary Designation:** the part of a contract that says who should be the beneficiary. For example, the beneficiary designation in a life insurance policy is the part that says who will get the money after you die.
- **Conservator or Guardian:** a person appointed by a court to make decisions for another. A Conservator makes decisions about property and finances. A Guardian makes decisions about personal matters and health care.
- **Community Property Agreement:** a written agreement between a married couple or domestic partners that says when one dies, all of their property will automatically go to the other.
- **Durable:** “Durable” means your document still has legal power and agent can keep helping you even if you become sick or injured and cannot make decisions for yourself.
- **Disinterested Witness:** a person who is not a health care provider in your home or long-term care facility or related to you by blood, marriage or state registered domestic partnership.
- **Notary:** a person who is licensed by the State to witness signatures on documents.
- **Personal Property:** things like cash, stocks, jewelry, clothing, furniture or cars.
- **Real Property:** buildings and land.
- **Revoke:** to cancel.
- **Rights of survivorship:** a written agreement between people who own property together. The agreement says when one co-owner dies, the other co-owner(s) automatically gets the property.
- **Trust:** a written agreement where money and property is owned by a trust and managed by one person (a “trustee”) for the benefit of another person or people (a “beneficiary” or “beneficiaries”). Usually you need to hire a lawyer to set up a trust.