

POWERS OF ATTORNEY

LEGAL ASSISTANCE, BLDG 1514 (760)830-6111

WE'LL BE COVERING THESE TYPES OF POA:

General

Special

Vehicle

In loco Parentis (In place of the Parent)



GENERAL POWER OF ATTORNEY

Allows someone to legally be you

Not accepted on base

Generally not recommended



SPECIAL POWER OF ATTORNEY

Lists the specific powers you want to grant to someone



VEHICLE POWER OF ATTORNEY

Allows someone to hold, use, register, license, operate, maintain, service, insure, and platform any function except sell your vehicle



IN LOCO PARENTIS (IN PLACE OF THE PARENT)

Allows someone to take care of your kids



APPLIES TO ALL POWERS OF ATTORNEY:

Expires after one year

Needs to be notarized

You must fill it out in front of the notary



EXAMPLE OF SPECIAL POA

Fill in first, middle, last name

Fill in where you are located

Fill in the name of the person you want to give the POA to

IMPORTANT: Fill in the location listed on the drivers license of the person you are giving it to

SPECIAL POWER OF ATTORNEY

PREAMBLE: This is a MILITARY POWER OF ATTORNEY prepared pursuant to Title 10, United States Code, §1044b, and executed by a person authorized to receive legal assistance from the military services. Federal law exempts this power of attorney from any requirement of form, substance, formality, or recording that is prescribed for powers of attorney by the laws of a state, the District of Columbia, or a territory, commonwealth, or possession of the United States. Federal law specifies that this power of attorney shall be given the same legal effect as a power of attorney prepared and executed in accordance with the laws of the jurisdiction where it is presented.

KNOW ALL PERSONS BY THESE PRESENTS: That I, _____,
of _____, (city/state) do hereby appoint
_____, of _____, (city/state)
as my agent (attorney-in-fact) to act for me in any lawful way with respect to the following matters that have been signed by me:

To **GRANT ONE OR MORE** of the following powers, **SIGN THE BOX IN FRONT** of each power you are granting. To **WITHHOLD** a power, **DO NOT SIGN THE BOX** in front of it. Please cross out **EACH BOX** of the power withheld.

FOLLOW THE DIRECTIONS

Follow the directions in the black box

Follow the directions

Follow the directions

Follow the directions

THIS IS THE BLACK BOX



To GRANT ONE OR MORE of the following powers, SIGN THE BOX IN FRONT of each power you are granting. TO WITHHOLD a power, DO NOT SIGN THE BOX in front of it. Please cross out EACH BOX of the power withheld.

☐

A. TO TAKE POSSESSION OF MY HOUSEHOLD GOODS AND SHIP THEM TO A DIFFERENT LOCATION: To take possession and order the removal and shipment of my household goods, personal baggage, or other personal property and cause it to be shipped to any warehouse, depot, dock, or other place of storage or safekeeping, government or private, directed by orders of appropriate U.S. Government transportation officials, and to execute and deliver all necessary forms, papers, certificates and receipts to carry out the foregoing.

☐

B. TO ACCEPT DELIVERY OF MY HOUSEHOLD GOODS: To accept delivery of, receipt for, and/or clear through customs, my household goods and/or unaccompanied baggage, and to sign any and all documents, release, voucher, receipt, shipping ticket or other instrument necessary or convenient for such purpose.

READ WHAT YOU ARE FILLING OUT

The first line is for the expiration date

The second line is today's date

This power of attorney shall remain in full force and effect until the _____ day of _____, 20____, unless sooner revoked by me.

Notwithstanding my inclusion of a specific expiration date herein, if on the above-specified expiration date, or during the sixty (60) day period preceding that specified expiration date, I should be or have been determined by the United States Government to be in a military status of "missing," "missing in action," or "prisoner of war," or if I should be or have been properly certified, in writing, by a physician to be disabled from or incapable of exercising control over my person, property, personal affairs, or financial affairs, then this Power of Attorney shall remain valid and in full effect until sixty (60) days after I have returned to United States military control following termination of such status or sixty (60) days after I have recovered from such disability unless sooner revoked or terminated by me.

All business transacted hereunder for me or for my account shall be transacted in my name, and all endorsements and instruments executed by my attorney for the purpose of carrying out the foregoing powers shall contain my name, followed by that of my attorney and the designation "attorney-in-fact."

IN WITNESS WHEREOF, I have hereunto set my hand and seal on this _____ day of _____, 20____.

Signature

Print name

READ WHAT YOU ARE FILLING OUT (CONT)

Fill out today's date, and print your name

Leave the Notary signature block alone

SPECIAL POWER OF ATTORNEY

MILITARY ACKNOWLEDGMENT

With the United States Armed Forces

On this the _____ day of _____, 20____, before the undersigned

officer, personally appeared _____,
satisfactorily proven to be (a) serving in or retired from the Armed Forces of the United States, or (b) a
lawful dependent of a person serving in or retired from the Armed Forces of the United States, or (c) a person
serving with, employed by, or accompanying the Armed Forces of the United States outside the United
States and outside the Canal Zone, Puerto Rico, Guam, and the Virgin Islands, and to be the person whose
name is subscribed to the within instrument and acknowledged that he or she executed the same. And the
undersigned does further certify that he or she is at the date of this certificate an officer of the Armed Forces
of the United States having the general powers of a notary public under the provisions of Section 936 or
1044a of Title 10 of the United States Code (Public Law 90-632 and 101-510).

Leave alone

AUTHORIZED TO ACT AS A NOTARY
PUBLIC UNDER THE PROVISIONS OF
SECTION 1044a OF TITLE 10 OF THE
UNITED STATES CODE AND SECTION
1183.5 OF THE CALIFORNIA CIVIL
CODE. NO SEAL REQUIRED BY LAW.

Signature of Notary

Name of Officer and Position:

Grade and Branch of Service:

Command or Organization: