



FLORIDA STATE UNIVERSITY
COLLEGE OF LAW

ADVANCE PLANNING APPLICATION

Note: This is an Application Form for Legal Assistance. This Form Does Not Authorize an Agent to Make Health Care or Financial Decisions for You.

Please fill out information, sign and return application to:

Claude Pepper Elder Law Clinic
Public Interest Law Center, FSU College of Law
425 W. Jefferson St., Tallahassee, FL 32306
(850)739-1725
or email rnathan@law.fsu.edu

1. Full Name of Applicant (person seeking to be the principal, the person granting power):

_____ (Last) (First) (Middle)

Birth date: _____ / _____ / _____ (Month/Day/Year)

(Address)

(City) (State) (Zip code)

(Home phone)

(Cell phone)

(E-mail)

Are you a veteran? Yes No

2. Have you experienced or been diagnosed with memory or decision-making problems (e.g. from Alzheimer's Disease, dementia, stroke, etc.?) Yes No

If yes, please explain and provide Physician's name: _____

3. Do you currently have a power of attorney? Yes No

4. Name & Age of Proposed Agent (person to whom you are granting decision-making power):

_____ Relation to you: _____

(Proposed Agent's Address)

(City) (State) (Zip code)

(Telephone)

(E-mail)

5. Name & Age of Proposed Successor Agent (if your proposed agent is not available):

_____ Relation to you: _____

(Proposed Successor Agent's Address)

(City) (State) (Zip code)

(Telephone)

(E-mail)

6. Type of Legal Services Requested:

- Full Personal, Healthcare, Legal, and Financial Powers (Durable Power of Attorney)
 - Health Care Surrogate Designation
 - Living Will
 - Any Special Instructions to be included? (Use additional sheets of paper if necessary.)
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7. Do you wish to nominate your agent as guardian if it becomes necessary? Yes No

8. What is your household's annual income? _____

9. How many people reside in your household? _____

10. Are you married or single (circle or explain other)? _____

11. Do you have a personal/family attorney? Yes No

APPLICATION PROCESS

Your application will be reviewed for acceptance at the FSU Claude Pepper Elder Law Clinic. After your application is received and if it is approved by a student-attorney, we will schedule you for one or more interviews/meetings. If your application is accepted we will draft the appropriate documents for your review. Once there is a final draft, you will then make an appointment to review the documents and to have them signed and notarized.

PLEASE READ THE FOLLOWING INFORMATION AND WARNINGS BEFORE SIGNING A DURABLE POWER OF ATTORNEY

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. You should contact a private practice elder law 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 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 is required before the Claude Pepper Elder Law Clinic can agree to assist me with this matter. I must sign another written agreement before the Claude Pepper Elder Law Clinic assumes responsibility for assisting me or representing me concerning another legal problem. I understand that I am responsible for maintaining any of my files and keeping original copies of any documents I may execute. I have read and I understand the above information and warnings.

(Signature of Applicant)

(Date)

(Attorney or Student/Attorney)

(Date)

Call 850.644.9928 if you have questions about this application.