

Lasting Power of Attorney Checklist

This document will help you gather all the information you will need to fill in the online application form.

1 YOUR (THE DONOR'S) DETAILS	
Title	
Full name	
Maiden name if applicable	
Any other names by which you are known	
Date of birth	
Social Security no.	
Address	
Telephone no(s)	
Email address (if you have one)	
Do you receive income support, Long Term Care or Long Term Incapacity Allowance? If you do, you will be eligible to pay a reduced registration fee. You will need to provide evidence that you receive the benefit.	
If any of your chosen attorneys is your husband/wife or civil partner and your relationship ends, would you still like them to act as your attorney?	Yes / No / Not applicable

2 AGENT'S DETAILS	
If someone is assisting you to complete the online form, they are called your Agent	
Title	
Full name	
Address	
Email address	
Telephone no(s)	

3 TYPE OF LASTING POWER OF ATTORNEY	
Property and affairs	
Personal Health and Welfare	
Both (Complete a separate form if the attorneys are different in each LPA)	

4 WHEN CAN YOUR ATTORNEY(S) MAKE DECISIONS FOR YOU?	
For property and affairs lasting powers of attorney: a) Only when I do not have capacity to make a particular decision on a matter at the time it needs to be made; or b) As soon as my LPA is registered.	a) or b)
Personal Health and Welfare (Attorneys can only act under a health & welfare LPA when a person cannot make a health and welfare decision for themselves).	Only when I do not have capacity to make a health and welfare decision at the time it needs to be made.

5 CHOICE OF ATTORNEY
Consider the following when choosing your attorney: <ol style="list-style-type: none"> 1. They must be over 18 years of age 2. They must not be bankrupt (for property and affairs lasting power of attorney only) 3. They must be trustworthy and have the appropriate skills to make decisions on your behalf. 4. They should be people with who you have a settled and easy relationship and if more than one, who get on with each other well, or who are likely to do so. 5. You can appoint one attorney, but it is advisable to appoint more than one to lessen the chance of abuse of the power and to ensure continuity in case he/she cannot act. 6. They can be family members, friends or your professional adviser e.g. your solicitor 7. They must agree to be your attorney and must understand the role they will be fulfilling. 8. Once you have chosen and appointed your attorney(s), you can only change them by making a new power.

ATTORNEY 1	
Title	
Full name	
Maiden name if applicable	
Any other names by which you are known	
Date of birth	
Address	
Telephone no(s)	
Email address (if they have one)	

Do you wish your attorney to be able to make decisions on your immovable property (real estate) ie. transact/sell your home if it is in your best interests eg to raise funds for your ongoing care <i>(For property & affairs lasting power of attorney)</i>	
Do you wish your attorney to be able to make decisions for you on giving or refusing life sustaining medical treatment <i>(For health & welfare lasting power of attorney)</i>	

Note: If you appoint your spouse or civil partner as your attorney, the dissolution of your marriage or civil partnership will end their appointment unless you indicate in your lasting power of attorney otherwise.

ATTORNEY 2	
Title	
Full name	
Maiden name if applicable	
Any other names by which you are known	
Date of birth	
Address	
Telephone no(s)	
Email address (if they have one)	
Do you wish your attorney to be able to make decisions on your immovable property (real estate) ie. transact/sell your home if it is in your best interests eg to raise funds for your ongoing care <i>(For property & affairs lasting power of attorney)</i>	
Do you wish your attorney to be able to make decisions for you on giving or refusing life sustaining medical treatment <i>(For health & welfare lasting power of attorney)</i>	

You can appoint more than two attorneys if you want to. Write their information on a separate sheet.

6 IF YOU ARE APPOINTING MORE THAN ONE ATTORNEY, HOW DO YOU WANT YOUR ATTORNEYS TO ACT FOR YOU IN THAT ROLE?

If you choose to have more than one attorney acting for you, you must decide how you want them to make decisions. Your options are:

- Jointly and severally (attorneys act either together or alone)
- Jointly (attorneys must agree every decision together).
- Jointly for some decisions and Jointly and severally for other decisions. (*provide further details below*)

If you decide that your attorneys should act jointly and severally then this will ensure that the lasting power of attorney will continue if one were to retire or die.

If you decided that your attorneys should make decisions jointly and they are unable to agree on a decision then the decision cannot be made.

If you have decided that your attorneys should act Jointly for some decisions and jointly and severally for others, detail which decisions you would like your attorneys to make together (jointly) – you will insert these in your Instructions when completing the LPA.

7 REPLACEMENT ATTORNEY(S)

You can appoint replacement attorney(s) to act in place of an original attorney, where he/she is unable to act.

REPLACEMENT ATTORNEY 1

Title	
Full name	
Maiden name if applicable	
Any other names by which you are known	
Date of birth	
Address	
Telephone no(s)	
Email address (if they have one)	
Do you wish your attorney to be able to make decisions on your immovable property (real estate) ie. transact/sell your home if it is in your best interests eg to raise funds for your ongoing care	

<i>(For property & affairs lasting power of attorney)</i>	
Do you wish your attorney to be able to make decisions for you on giving or refusing life sustaining medical treatment <i>(For health & welfare lasting power of attorney)</i>	

REPLACEMENT ATTORNEY 2	
Title	
Full name	
Maiden name if applicable	
Any other names by which you are known	
Date of birth	
Address	
Telephone no(s)	
Email address (if they have one)	
Do you wish your attorney to be able to make decisions on your immovable property (real estate) ie. transact/sell your home if it is in your best interests eg to raise funds for your ongoing care <i>(For property & affairs lasting power of attorney)</i>	YES / NO
Do you wish your attorney to be able to make decisions for you on giving or refusing life sustaining medical treatment <i>(For health & welfare lasting power of attorney)</i>	YES / NO

8 HOW WOULD YOU LIKE YOUR REPLACEMENT ATTORNEYS TO ACT?
a) Solely b) Jointly / together c) Jointly and severally – together and independently d) Jointly for some decisions and jointly and severally for others.

9 INFORM YOUR ATTORNEYS HOW YOU WOULD LIKE THEM TO MAKE DECISIONS FOR YOU – (YOUR PREFERENCES AND INSTRUCTIONS)

You do not need to give your attorney(s) any wishes/preferences or instructions. However, if you would like to inform your attorneys:-

- how you would like your finances to be managed when you are not able to make decisions and manage them yourself; OR
- how you would like your attorneys to make health and welfare decisions including those related to your accommodation, care and treatment

you can detail our wishes and instructions in the online form.

Your wishes/preferences.

You may give your attorneys guidance to assist them with making decisions on your behalf. This might include the following:

- The people you would like your attorney to consult when making decisions
- Your views, beliefs and values that may affect how the attorney makes decisions, such as where you would like to live and with whom and how your money is to be invested and spent, including whom you would like to be maintained.

Instructions to your attorneys:

Your attorneys should follow your instructions when making decisions on your behalf, for example giving your attorneys power to invest in a discretionary management scheme or, if you have appointed a professional attorney such as a trust corporation or a lawyer, pay the professional attorney's fees.

10 PERSON(S) THAT YOU WOULD LIKE NOTIFIED OF YOUR LASTING POWER OF ATTORNEY

You do not need to notify another that you are registering a lasting power of attorney but by letting an independent person know about your lasting power of attorney before you register provides an extra safeguard. It gives the person who knows you well a chance to raise concerns. That person can object to a lasting power of attorney being registered if:

- you or an attorney has died
- your marriage or civil partnership with an attorney has been legally ended
- an attorney doesn't have the capacity to be an attorney
- you or an attorney is bankrupt (this only applies to property and financial affairs LPAs)
- you don't have the capacity to make an LPA
- there was fraud or undue pressure on you to make the LPA

Once your lasting power of attorney has been registered, the person you have chosen to notify may later raise a concern if, for example, they know that your attorney for property and affairs has become bankrupt; they believe that your attorney no longer has capacity to act for you; or if they have concerns that that the attorney is not acting in your 'best interests'.

Title	
Full name	
Maiden name if applicable	
Any other names by which you are known	
Address	

11 YOUR (THE DONOR'S) WITNESS

The Witness must not be:

- be the donor, attorney or replacement attorneys to this LPA
- related to you by birth or marriage
- in a personal relationship with you or any other family member
- live at the same address as you

Your Witness must be:

- aged 18 or over
- any of:
 - a local States member
 - a Jurat of the Royal Court
 - a Notary Public
 - a minister of religion
 - a Jersey advocate or solicitor; UK barrister or solicitor (or a person similarly qualified under the laws of another jurisdiction)
 - a chartered or certified Accountant (or person similarly qualified in any other jurisdiction)
 - a doctor
 - a nurse (RGN and RMN)
 - other registered healthcare professional

The witness confirms that they have discussed the lasting power of attorney (LPA) with the donor, that the donor understands what they're doing and that nobody is forcing them to do it.

Title	
Full name	
Occupation / Professional title	
Address	

Email address	
Contact telephone number	

12 ONCE REGISTERED WHO WOULD YOU LIKE TO RECEIVE YOUR REGISTERED LPA?

YOU

ONE OF YOUR ATTORNEYS – you will need to specify which one

YOUR AGENT, for example your lawyer

13 WOULD YOU LIKE ANY COPIES OF YOUR LPA?

The Judicial Greffe will send the original LPA to you / one of your attorneys or to your agent (as you specify). We occasionally receive requests to provide extra copies of the LPA so that they can be given to the original attorneys for their ease of reference.

Copy LPAs can be provided by the Judicial Greffe upon request for a fee of £15.00 each.