

## LPA QUESTIONNAIRE

ABOUT YOU		
	CLIENT 1	CLIENT 2
Full name (including middle names)		
Title (or state 'None', if preferred)		
Preferred gender pronouns		
Any other names by which you are known		
Any previous names		
Marital Status		
Date of birth		
Nationality / place of birth (please note both if different)		
Country of residence		
Main address		
Occupation		
Email address		
Telephone number		



## PREVIOUS EPA OR LPA

	CLIENT 1		CLIENT 2	
Have you already made an Enduring or Lasting Power of Attorney?	YES / NO	Date (if known)	YES / NO	Date (if known)
Do you have a Living Will or Advance Decision in place?	YES / NO	Date (if known)	YES / NO	Date (if known)
How do your current wishes differ from these previous documents?				

## FAMILY

### CHILDREN/STEP-CHILDREN

Please indicate who is their parent

Name	Address	Date of birth	Parent

**Please use “additional information” box if necessary**



### GRANDCHILDREN/STEP-GRANDCHILDREN

Please indicate who is their parent

Name	Address	Date of birth	Parent

Please use "additional information" box if necessary

### ADDITIONAL INFORMATION



## YOUR LASTING POWER OF ATTORNEY

### POSITIONS OF RESPONSIBILITY

These are the people who have responsibility for your financial and personal/welfare affairs if you cannot manage these yourself.

### ATTORNEYS

<b>If you have completed this for 2 people, do you wish to be each other's Attorney?</b>			YES / NO
<b>Name of additional Attorneys</b>	<b>Address and email</b>	<b>Relationship to you</b>	<b>Date of birth</b>

### DISCUSSION POINTS

We will cover the following information in our meeting

How your Attorneys will act
When your LPA will be registered
Whether anyone will be notified of the registration of the LPA
Who will act as Certificate Provider
Whether your Attorneys can make gifts
When your Attorneys can act for you
End of life treatment and care
How Attorneys should manage any investments for you
Living in your own home
Your Attorneys and your Will
Whether your Attorneys should be paid
Access to your medical and care assessment records
Living Wills and Advance Directives
An Attorney cannot be an undischarged or interim bankrupt person or subject to a Debt Relief Order
Certificate provider authority – releasing information to attorneys/court
Instructions to Attorneys form – releasing original documents to Attorneys



### ADDITIONAL INFORMATION

Is there anything else you would like us to know?

