



Strain and Company Power of Attorney (POA) Intake Form

(For a Single or Partner Appointment)

1. Client Information

- **Full Name** (required)
 - **Date of Birth** (required)
 - **Address** (Street, City, Postal Code) (required)
 - **Phone Number** (required)
 - **Email Address** (required)
 - **Occupation** (optional)
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2. Appointment Type

- **Are you preparing a Power of Attorney for:** (check one)
 - Yourself
 - You and your partner (joint POA)
 - **If joint POA (partner details):**
 - **Partner's Full Name:** _____
 - **Partner's Date of Birth:** _____
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3. POA Type and Scope

- **Type of Power of Attorney** (check one):
 - General Power of Attorney (for financial and legal decisions)
 - Enduring Power of Attorney (continues to be in effect if you become mentally incapacitated)
 - Limited Power of Attorney (only for specific tasks or for a specific period)
- **Do you want the Power of Attorney to take effect:** (check one)
 - Immediately
 - Only if you become incapable of making decisions (Springing POA)



- **If Limited POA:**
 - **Please specify the tasks or period covered:**
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4. Attorney Information

(This is the person you are appointing to make decisions on your behalf.)

- **Primary Attorney**
 - **Full Name (required):** _____
 - **Relationship to You:** _____
 - **Phone Number:** _____
 - **Email Address:** _____
 - **Alternate Attorney (optional)**
(This person steps in if the primary attorney is unable to act.)
 - **Full Name:** _____
 - **Relationship to You:** _____
 - **Phone Number:** _____
 - **Email Address:** _____
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5. Attorney's Powers

- **Do you want to place any limitations or restrictions on your attorney's powers?** (Yes No)
 - **If yes, please specify the restrictions:**
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- **Should the attorney(s) be able to make decisions about real estate (buying/selling property)?** (Yes No)

6. Business Ownership (Optional)

- Do you own a business or have business interests? (Yes No)
 - If yes, should the attorney(s) be able to make decisions regarding your business? (Yes No)
 - If yes, please provide the business name and type of business:
 - Business Name: _____
 - Type of Business: _____
 - Any specific instructions for the business decisions:
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7. Joint Attorneys (Optional)

(If you would like to appoint more than one attorney.)

- Do you wish to appoint more than one attorney to act together (jointly)? (Yes No)
 - If yes, please provide the second attorney's details:
 - Full Name: _____
 - Relationship to You: _____
 - Phone Number: _____
 - Email Address: _____
- Should the attorneys act: (check one)
 - Jointly (must make all decisions together)
 - Jointly and Severally (can make decisions together or independently)

8. End-of-Life or Health Care Decisions

(Note: If you wish to appoint a representative for health care or personal care decisions, a separate Representation Agreement will be required.)

- Do you want to provide any special instructions about your wishes regarding financial or legal decisions if you become incapable? (Yes No)
 - If yes, please briefly describe:

9. Additional Information

- Is there anything else you'd like to include in your Power of Attorney, or would you like us to know?
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10. Consent and Signature

- **Consent for Personal Information:**
"I consent to the collection and use of my personal information for the purpose of preparing my Power of Attorney in accordance with the laws of British Columbia and applicable privacy laws."
- **Client Signature:** _____
- **Date:** _____