**Power of Attorney Questionnaire**

To help your appointment run smoothly, please complete and return as much of the following questionnaire as you can in advance of your appointment, and return it by email to [laura@st-law.co.uk](mailto:laura@st-law.co.uk) . If you’re not sure of any of the Content of your Power of Attorney questions, please don’t worry – we will talk about those at your appointment.

**Section 1 – About You**

|  |  |
| --- | --- |
| Your full name (including middle names) |  |
| Any previous names – maiden, former marriage etc |  |
| Address |  |
| Date of Birth |  |
| Telephone number |  |
| Email address |  |
| Marital Status (Single, Married, Divorced, Widowed, Separated, Remarried) |  |

**Section 2 – Preparing Your Power of Attorney**

|  |  |
| --- | --- |
| Do you have an existing Power of Attorney, either in Scotland or abroad? |  |
| Are you preparing this Power of Attorney because something has changed from your previous one? |  |
| Are you preparing this Power of Attorney on the advice of a medical or social work practitioner? |  |
| Do you need your Attorney to have power to act for you right away? |  |

**Section 3 – Content of Your Power of Attorney**

|  |  |
| --- | --- |
| Please give the full name, address, email and telephone number of the person you wish to appoint as your Attorney |  |
| Please give the full name, address, email and telephone number of the person you wish to appoint as your joint Attorney (if any) |  |
| Please give the full name, address, email and telephone number of the person you wish to appoint as your Substitute Attorney (if any) |  |
| If there are any particular powers you wish your Attorney to have, please note them here (e.g. business-related; health-related) |  |