

**SPECIAL POWER OF ATTORNEY AND
VOLUNTARY APPOINTMENT OF STANDBY GUARDIAN**

THIS IS A MILITARY POWER OF ATTORNEY PREPARED PURSUANT TO TITLE 10, UNITED STATES CODE, SECTION 1044b AND EXECUTED BY A PERSON AUTHORIZED TO RECEIVE LEGAL ASSISTANCE FROM THE MILITARY SERVICES. FEDERAL LAW EXEMPTS THIS POWER OF ATTORNEY FROM ANY REQUIREMENT OF FORM, SUBSTANCE, FORMALITY OR RECORDING THAT IS PRESCRIBED FOR POWERS OF ATTORNEY UNDER THE LAWS OF A STATE, THE DISTRICT OF COLUMBIA, OR A TERRITORY, COMMONWEALTH, OR POSSESSION OF THE UNITED STATES. FEDERAL LAW SPECIFIES THAT THIS POWER OF ATTORNEY SHALL BE GIVEN THE SAME LEGAL EFFECT AS A POWER OF ATTORNEY PREPARED AND EXECUTED IN ACCORDANCE WITH THE LAWS OF THE JURISDICTION WHERE IT IS PRESENTED.

INTRODUCTION: In the event that I am absent from my current duty station (e.g., training exercises, temporary duty, deployments, leave of absence, etc.) as verified by my Commanding Officer or command designee, or upon a determination of my mental or physical incapacity by a competent medical professional, which causes me to be unable to properly care for my minor child/children/dependents,

I, _____, currently residing at _____, hereby:

DO MAKE, CONSTITUTE, AND APPOINT: _____, who currently resides at _____, as the **Standby Guardian** of my minor child/children/dependents until such time as I am able to resume the care custody and control of my minor child/children/dependents or until such time as a proper determination may be made as to the best interests of my minor child/children/dependents by a court of competent jurisdiction. The names and birth dates of my dependent minor child/children/dependents are as follows:

<u>NAME</u>	<u>DATE OF BIRTH</u>
_____	_____
_____	_____
_____	_____
_____	_____

In the event that the aforementioned **Standby Guardian** is unable or unwilling to serve in this capacity, I hereby make, constitute, and appoint _____, currently residing at _____, as the **Alternate Standby Guardian** of the aforementioned minor child/children/dependents.

And I do authorize said Standby Guardian or Alternate Standby Guardian to act as my true and lawful attorney-in-fact and to do the following acts in my name and in the names of my minor child/children/dependents **(Initial all that apply):**

_____ (1) To have temporary custody and control of my child/children/dependents and to do all acts necessary or desirable for maintaining the child/children/dependent's health, education, and welfare, and to maintain the customary living standards that they are accustomed to, including, but not limited to, provision of living quarters, food, clothing, medical, surgical, and dental care; entertainment and other customary matters; **AND**

_____ (2) To register, re-register, and enroll said child/children/dependents in educational programs and schools, to receive school/educational records of said child/children/dependents of any kind or nature whatsoever as well as making any decisions relating to the child/children/dependent's education, including, but not limited to: placement, service, grades, performance data, disciplinary records, health records, and class assignments; to make decisions concerning school and school attendance, including, but not limited to: class assignments, counseling, participation in field trips, sports and athletic activities or any other extracurricular activities, transportation and travel, special education, testing, evaluations, and the exercise of any disciplinary or other hearing rights, **AND**

_____ (3) To authorize any and all medical care and treatment, including major surgery deemed necessary by a duly licensed staff physician, at any military hospital or medical facility at which my dependents are eligible for benefits under the Civilian Health and Medical Program of the Uniformed Services, for the health and well-being of my child or children or lawful dependents, and, specifically, to approve and authorize any and all medical treatment deemed necessary by a duly licensed physician and to execute any consent, release, or waiver of liability required by medical or dental authorities incident to the provision of medical, surgical, or dental care to any of them by qualified medical personnel; to act in loco parentis to my child/children/lawful dependents named herein. I **(do / do not)** authorize this power of attorney to include Psychological/Psychiatric health care, including evaluations, therapy and medications, **AND**

_____ (4) To enroll my child/children/dependents in military benefits programs such as DEERS, TRICARE, DELTA DENTAL, UNITED CONCORDIA or any other benefits program to which I am or my child/children/dependents are entitled by virtue of my military affiliation. To do all things necessary, and to execute and deliver to the proper persons and authority, any and all documents, instruments, and papers necessary and expedient to carry out the foregoing. I specifically authorize my attorney-in-fact to sign, prepare and execute any and all documents necessary to ensure that my child/children/dependents' military identification cards are renewed as necessary and required by applicable regulations, **AND**

_____ (5) To transport and arrange for the transportation of my minor child/children/dependents, as necessary, to and from daycare and after school providers, school and school activities, any and all sports, athletic, and other extra-curricular activities, **AND**

_____ (6) To transport and arrange for the transportation of my minor child/children, as necessary, to comply with any court orders, visitation orders, parenting or custody agreements, or marital separation agreements even if such orders and/or agreements require the transportation of the child/children/dependents out of the state of their residence, **AND**

_____ (7) To take possession of, use, operate, maintain, register, license, insure, cause to be inspected, pay taxes on, and to execute and deliver to proper persons and authority any and all documents, instruments, and papers necessary to accomplish any of these purposes in regard to my vehicle described below. I certify that said vehicle has the requisite liability insurance as required by law and that I will maintain such insurance. This Special Power of Attorney DOES / DOES **NOT** authorize my attorney-in-fact to sell or lease this vehicle if necessary.

Make: _____ Model: _____ Year: _____

VIN #: _____ Color: _____

_____ (8) **If I do not live in base housing**, to enter and to manage, maintain, and control all of my property and affairs of every kind and description which may be connected with the house and parcel of land located at:

As a non-exclusive list, these obligations are to include: making all utility, cable, satellite, and internet payments; contacting, speaking with, and making payments to the mortgage company and/or landlord; overseeing the property; maintaining and having a key in his/her possession to enter the house and shed, to remove any tangible personal property within the house, as necessary, and to be able to park in the driveway; maintain the grounds, i.e.(cut and water the grass); collect the mail from the mailbox and place it inside the house; handle the minor upkeep on the house (broken windows, etc.); handle any claims with my homeowners insurance company in the event of a natural disaster or fire; acting as security by ensuring others are kept off my property; and employ with the right to terminate such services (payment provided by the owner), landscapers and other such persons to maintain the physical integrity of the property, **AND**

_____ (9) **If I live in base housing**, to communicate, correspond, and deal with _____ regarding the base housing unit to which I am assigned located at: _____ and to further to have access to and manage, maintain, and control all of my property and affairs of every kind. As a non-exclusive list, these obligations are to include: making all utility, cable, satellite, and internet payments; contacting, speaking with, and making payments to the mortgage company; overseeing the property; maintaining and having a key in his/her possession to enter the house and shed, to remove any tangible personal property within the house, as necessary, and to be able to park in the driveway; maintain the grounds, i.e.(cut and water the grass); collect the mail from the mailbox and place it inside the house; handle the minor upkeep on the house (broken windows, etc.); handle any claims with my homeowners insurance company in the event of a natural disaster or fire; acting as security by ensuring others are kept

off my property; and employ with the right to terminate such services (payment provided by the owner), landscapers and other such persons to maintain the physical integrity of the property; and to effect the termination of such U.S. Government quarters assigned to me and/or my family members and to procure or return any and all U.S. government property used in or for such quarters; and to sign any and all documents and do all acts necessary and proper to terminate my responsibility for such quarters.

FURTHER, I do authorize my aforesaid attorney-in-fact to perform all necessary acts in the execution of the aforesaid authorizations with the same validity as I myself could effect if personally present. Any act or thing lawfully done hereunder by my said attorney shall be binding on myself and my heirs, legal and personal representatives and assigns. **PROVIDED**, however, that all business transacted hereunder for me or for my account shall be transacted in my name, and that all endorsements and instruments executed by my said attorney for the purpose of carrying out the foregoing powers shall contain my name, followed by that of my said attorney and the designation "ATTORNEY-IN-FACT."

This Power of Attorney shall only become effective in the event that I am absent due to military duties (e.g. training exercises, temporary duty, deployments, etc.) from my current duty station or upon a determination of my debilitation or mental or physical incapacity, thereby causing me to be unable to properly care for my minor child/children/dependents or upon a determination of my debilitation or mental or physical incapacity to care for such minor child/children/dependents. I hereby waive any requirement that my attorney-in-fact file any inventories or accounts as a result of this appointment.

FURTHER, unless sooner revoked or terminated by me, this Special Power of Attorney shall become NULL and VOID one year from the date of my execution below.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this the _____ day of _____, 20____.

_____(SEAL)
Printed Name:

WITNESSED BY:

Printed Name:
Witness

Printed Name:
Witness

ACKNOWLEDGEMENT

Before me personally appeared _____, the designator, and the two witnesses, _____, and _____, persons who are either personally known to me or who have provided satisfactory evidence of their identity, and have either personally signed this document in my presence or have acknowledged that the signatures on this document are their respective signatures, and each has acknowledged that they are at least 18 years of age or older, and each has acknowledged that he or she signed this document voluntarily for the purposes contained therein. And I do further certify that I am a Commissioned Officer of the Armed Forces of the United States serving in the rank indicated below, that by Federal law I am authorized to exercise the powers of a notary without requirement of a seal, and that this document is executed by me in accordance with those powers and in that capacity.

This the _____ day of _____, 20_____.

Signature of Officer

Authority: 10 U.S.C. 1044a
JAG Manual 0902c
NO SEAL REQUIRED

Rank

Branch of Service

Command

Printed Name of Officer

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**AFFIDAVIT THAT POWER OF ATTORNEY
IS IN FULL FORCE AND EFFECT**

STATE OF _____
_____ **COUNTY**

I, _____, being duly sworn, depose and say:

That _____, having and address at:

_____,
did, in a writing dated _____, 20____, appoint me the Standby
Guardian or Alternate Standby Guardian and also his/her true and lawful attorney-in-fact or
alternate attorney-in-fact, and that attached hereto is a true copy of said power of attorney. Said
power of attorney has become effective by reason of the following conditions:

_____.
That I have no actual knowledge or actual notice of the revocation or termination of the
aforesaid power of attorney by death or otherwise, or knowledge of any facts indicating that the
power of attorney has been revoked or terminated. I have no actual knowledge or actual notice
that the power of attorney has been modified in any way that would affect the ability of the
attorney-in-fact to authorize or engage in any transaction with a third party, or knowledge of any
facts indicating the power of attorney has been so modified. I further represent, to the best of my
knowledge after diligent search and inquiry, that: said principal is now alive; has not, at any
time, revoked, terminated, suspended or repudiated the power of attorney; and that the power of
attorney still is in full force and effect.

That I make this affidavit for the purpose of inducing to accept delivery of the following
instrument(s), as executed by me in my capacity of attorney-in-fact of said principal, with full
knowledge that this affidavit will be relied upon in accepting the execution and delivery of said
instrument(s) and in paying good and valuable consideration therefore.

Dated: _____

(Name of Attorney-in-Fact)

Sworn to and subscribed to before me

This the ____ day of _____, 20____.

Notary Public

My Commission Expires on: _____