



6501 Congress Ave., Suite 100
Boca Raton, FL 33487
Phone (561) 288-1750
amyd@amydowlaw.com
www.AmyDowLaw.com

SIGN & GO QUESTIONNAIRE FOR COLLEGE STUDENTS

INSTRUCTIONS: You can **complete this form by typing in the boxes**. Once complete, save it to your computer/device and then email it to us at amyd@amydowlaw.com. If you prefer, you can print it, fill it in by hand and then either scan it for email or send it regular mail.

Someone will call you to arrange your Sign & Go appointment. If you have any questions about how to answer these questions, you can either email Amy Dow or call her at 561-288-1750.

Payment is due in full at signing. By submitting this form, you agree to pay the \$495 fee. Once the form is submitted, we will begin preparing your documents, so the fee is not cancellable. If you do not sign your documents within 30 days, you will be billed \$495.

All submissions are confidential.

All documents are drafted pursuant to current applicable Florida law.

PARENT INFORMATION

Name as it appears on your driver license:

Parent 1

Parent 2

Cell

Cell

E-mail

E-mail

Home Address: _____

Home Phone: _____

CHILD INFORMATION**CHILD 1:** Name on state ID or driver license: __________
Cell_____
E-mail_____
Date of birth_____
Last four digits of Social SecurityPermanent address if different from parent (not college address):

_____**CHILD 2:** Name on state ID or driver license: __________
Cell_____
E-mail_____
Date of birth_____
Last four digits of Social SecurityPermanent address if different from parent (not college address):

_____**CHILD 3:** Name on state ID or driver license: __________
Cell_____
E-mail_____
Date of birth_____
Last four digits of Social SecurityPermanent address if different from parent (not college address):

_____**AMY DOW LAW**6501 Congress Avenue, Suite 100 • Boca Raton FL 33487
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A. DURABLE POWER OF ATTORNEY: This document authorizes the named person or persons, known as your “Agent,” to manage your financial affairs on your behalf.

Who shall serve as Agent under the **Durable Power of Attorney** for each Child:

Do you want both parents to serve together? Yes No (Checking “Yes” means that either parent may act your Agent.)

Agent _____

Successor _____ (recommended)

Second Successor _____ (optional)

If anyone named is not a parent or sibling listed above, please provide the address and phone number for each person named.

B. HEALTHCARE SURROGATE DESIGNATION: This document authorizes the named person or persons, known as your “Surrogate,” to make medical decisions on your behalf.

Who shall serve as Surrogate under the **Designation of Healthcare Surrogate** for each Child:

Do you want both parents to serve together? Yes No (Checking “Yes” means that either parent may act your Surrogate.)

Surrogate _____

Successor _____ (recommended)

Second Successor _____ (optional)

If anyone named is not a parent or sibling listed above, please provide the address and phone number for each person named.

- C. **LIVING WILL:** This document records your wishes regarding withholding or withdrawing life-prolonging procedures under certain conditions such as have being in a permanent vegetative state, or being in an end stage illness or terminal condition with no reasonable probability of recovery. People often refer to this as when to “pull the plug.” Your healthcare surrogate named above is the person to carry out your wishes as described in your Living Will.

Check here if you want to include a Living Will with your documents. This is strongly recommended: Yes No

- D. **PRENEED GUARDIAN DESIGNATION:** Should you become incapacitated, this declaration tells the court who you would to serve as your guardian.

Who shall be nominated to serve as Guardian under the **Designation of Preneed Guardian** for each child:

Guardian _____ (required)

Successor _____ (recommended)

If anyone named is not a parent or sibling listed above, please provide the address and phone number for each person named.

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- E. **HIPAA RELEASE AND AUTHORIZATION:** The persons listed here will be able to obtain your medical information. However, persons listed here cannot make medical decisions.

Who shall be authorized to receive medical information under the **HIPPA Release and Authorization?**

Do you want both parents to be listed? Yes No

If not, then which one?

_____ Who else should be listed? _____

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