

## A Step-by Step Guide for Completing the Illinois Power of Attorney for Health Care

This guide will help you complete the  
Illinois Statutory Short Form Power of Attorney for Health Care.

\*\*Fill in today's date: Power of Attorney made this \_\_\_\_\_day \_\_\_\_month, \_\_\_\_\_year.

\*\* **Line 1.** Insert your name and address. You are the principal.

\*\*Hereby appoint: Insert your agent's name, address & phone number. The agent is the person you wish to make decisions for you about your health care if you are unable to share your wishes with others. This person must be at least 18 years old.

You have one of three options for organ donation. Insert: 1) initials if you wish to be an organ donor; 2) initials if you have restrictions about being an organ donor and specify your restrictions; or 3) Leave it blank if you do not wish be an organ donor.

**Line 2.** Insert your successor agent(s) name, address and phone number if you choose to have one. You are strongly encouraged to choose a successor agent in the event your primary agent is unavailable, unable to act or refuses to act. You may name several, but they will act alone and in the order you name them. If you choose to have no successor agent, write the word "none" under each line where it states 1<sup>st</sup> or 2<sup>nd</sup> successor agent's name so it is clear there are no successor agents.

**Line 3.** Insert any restrictions or limitations regarding your care in the space provided. If you use terms such as "extraordinary", it is best to write out what you mean.

Initial the **one** statement that best describes your wishes about the care you wish to receive at the end of life  
**or**

Choose to leave it blank and rely on your agent named above to make the decisions you have discussed with him/her.

**Line 4.** Insert a start date when you would like your document to begin. If left blank, it becomes effective when you sign the form but will only be followed when you are unable to make your own health care decisions.

**Line 5.** Insert an end date when you no longer wish your document be followed. If left blank, the end date is presumed to be at your death or beyond if organ donation is desired.

**Line 6.** Cross out line six and initial it only if you do not want your agent to be appointed guardian over your person. A guardian would only be appointed for you if a court found it necessary. Most people never need a guardian appointed because they have family and friends to assist them.

**Carefully review the document before signing, especially if someone has helped you complete it.**

\*\***Line 7.** Sign the document in front of someone who can witness your signature. The witness is someone who has nothing to gain from your death or is not named in your will.

Agent's Signatures: You have the option of requesting a sample of your agent/successor agent(s) signatures. If you choose to have them sign your document, your signature must accompany theirs on the opposite side of the page where it states principal.

Copies given to: Copies should be given to your physician, your hospital, your agent and your successor agent(s). You should keep the original. You may choose others to have a copy of your document if you wish.

\*\* **Indicates required fields to complete.**

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*The above Guide is not to be construed as legal advice or opinion. It is provided as a public service and source of information. If you have legal questions, you should consult an attorney.*