

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

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

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

******First fill in today's date: Power of Attorney made this date day month, year.

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

******Hereby appoint: agent The agent is the person you wish to make decisions for you if you are unable to indicate your wishes. This person must be at least 18 years old.

Option for organ donation You may initial that you want to donate any organ or you may write in a specific organ(s) you wish to donate. You are not required to mark this.

Line 2. This section allows you to place restrictions or limitations on your care. If you use terms such as "extraordinary", it is best to spell out what you mean.

This section has three statements that can be initialed to indicate the type of care you wish. You may only initial one of the three statements or you may leave them blank and rely on your agent named above to make the decisions you have discussed with him/her.

Line 3. You may enter a start date for this to become effective. If left blank, it becomes effective when you sign the form. It will become operational when, and only when you can no longer indicate your health care decisions.

Line 4. This line is for an end date. If left blank, the end is presumed to be at your death or beyond if organ donation is indicated. Sometimes a person may want to limit the duration and this line gives that option, for example, when a person has major surgery.

Line 5. You are strongly encouraged to enter a successor agent. In the event your primary agent is unavailable, unable to act or refuses to act, this back-up agent will be empowered. You may name several, but they will act alone and successively in the order named. It would be of benefit to list address and phone numbers of these individuals.

Line 6. You may name a person you would like to serve as a guardian; however this is only a nomination to guide the courts. Most persons will never need a guardian of their person if they have family or friends willing to act for them. If a guardian is nominated, list the name and address of the person. The telephone number would also be helpful.

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

****Line 7.** This is where you sign the document. You will need someone to witness your signature, someone who has nothing to gain from your death, someone who is not named in your will.

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](#).