

# INFORMATION SHEET FOR POWER OF ATTORNEY

(Please Print)

Date: \_\_\_\_\_

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## CLIENT / CONTACT INFORMATION

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Name: \_\_\_\_\_ Maiden Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
\_\_\_\_\_ Business Phone: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
(if different from Street) \_\_\_\_\_  
Email: \_\_\_\_\_  
Texas DL Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_  
Social Security No: \_\_\_\_\_  
If married, name of spouse: \_\_\_\_\_

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## APPOINTEE INFORMATION

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Name: \_\_\_\_\_ Maiden Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_ Business Phone: \_\_\_\_\_  
\_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Email: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Texas DL Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_  
Social Security No: \_\_\_\_\_  
If married, name of spouse: \_\_\_\_\_

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## ALTERNATE APPOINTEE INFORMATION

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Name: \_\_\_\_\_ Maiden Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_ Business Phone: \_\_\_\_\_  
\_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Email: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Texas DL Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_  
Social Security No: \_\_\_\_\_  
If married, name of spouse: \_\_\_\_\_

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## ADDITIONAL INFORMATION

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Please list or describe any facts or information related to the need for the Power of Attorney:

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## FOR ATTORNEY USE ONLY:

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Notes/details: \_\_\_\_\_  
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