

LAW ENFORCEMENT

LIFE PLANNER

**Specially designed for law enforcement professionals,
by law enforcement professionals (and their attorneys).**



PEACE OF MIND

To My Loved Ones:

Peace of mind is something we all wish for - in our daily lives, in our workplace or with our family and friends. It is the most valuable gift anyone can receive.

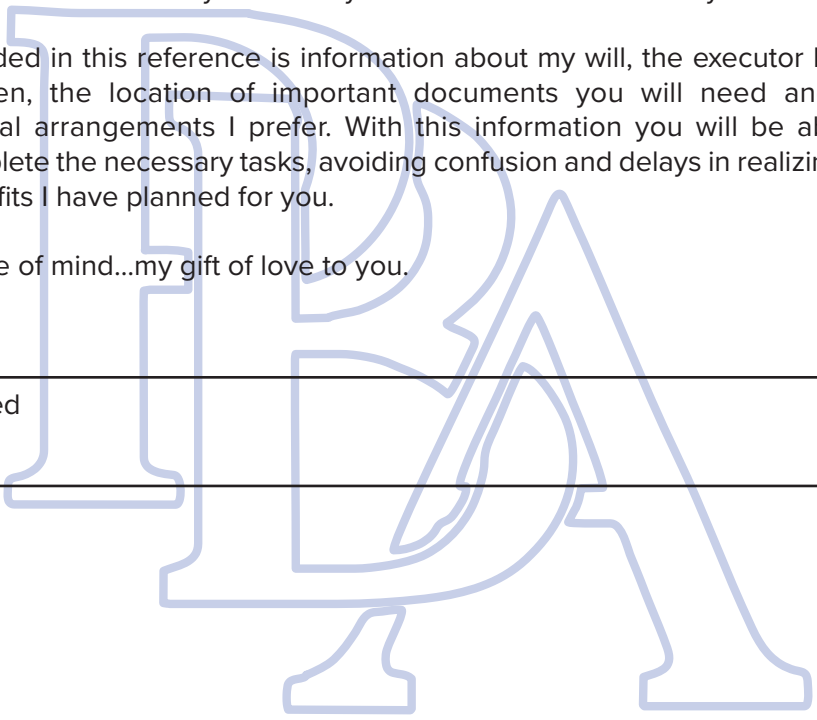
By completing this PBA Law Enforcement Life Planner, I give this gift to you. I hope that by taking care of these necessary details in advance, that I will have minimized your anxiety and stress at the time of my death.

Included in this reference is information about my will, the executor I have chosen, the location of important documents you will need and the funeral arrangements I prefer. With this information you will be able to complete the necessary tasks, avoiding confusion and delays in realizing the benefits I have planned for you.

Peace of mind...my gift of love to you.

Signed _____

Date _____



THINGS TO DO

There are many things that must be done at the time of someone's death. The following list includes most of them. Many of these decisions can be made now and fully paid for well ahead of need.

In your PBA Law Enforcement Life Planner, you will find forms that you should complete. They include virtually all the information required to help those you leave behind. We strongly suggest you use pencil when filling out the forms so it can be updated as necessary.

CAPITAL LETTERS indicate items which may be completed now.

Vital Statistics

- YOUR NAME, HOME ADDRESS & TELEPHONE NUMBER
- HOW LONG YOU'VE LIVED AT YOUR CURRENT ADDRESS
- YOUR WORKPLACE ADDRESS & PHONE NUMBER
- YOUR OCCUPATION
- YOUR SOCIAL SECURITY NUMBER
- YOUR ARMED SERVICES NUMBER
- YOUR DATE AND PLACE OF BIRTH
- YOUR FATHER'S NAME & BIRTHPLACE
- YOUR MOTHER'S MAIDEN NAME & BIRTHPLACE

Important Documents Required

- YOUR WILL
- YOUR BIRTH CERTIFICATE
- YOUR SOCIAL SECURITY CARD
- YOUR MARRIAGE LICENSE
- YOUR CITIZENSHIP PAPERS, IF APPROPRIATE
- YOUR INSURANCE POLICIES (LIFE, HEALTH & PROPERTY)
- YOUR BANK ACCOUNT PASSBOOKS
- ANY DEED TO PROPERTY YOU OWN
- YOUR AUTOMOBILE BILL OF SALE AND/OR TITLE
- INCOME TAX RETURNS, PRIOR TWO YEARS
- MILITARY DISCHARGE PAPERS
- DISABILITY CLAIMS, IF ANY
- BURIAL PROPERTY CERTIFICATE OF OWNERSHIP
- PREARRANGED FUNERAL AGREEMENTS

Bills To Be Paid

FAMILY BURIAL SPACE
MEMORIALS
FUNERAL SERVICES
INTERMENT SERVICES
LIMOUSINES & HEARSE
Funeral Director
Clergy
Florist
Refreshments
Clothing
Doctors
Nurses
Hospital & Ambulance
Medicine & Drugs
Others -- Mortgage or Rent, Taxes, Installment Payments

Things Required Immediately Upon Death

BURIAL SITE LOCATION & SPACE TO USE
MEMORIAL TYPE & INSCRIPTION
TYPE OF CASKET
CLOTHING FOR THE DECEASED
VAULT OR CRYPT
TYPE OF RELIGIOUS, FRATERNAL OR MILITARY SERVICE
SCRIPTURE TO BE READ
CLERGY SELECTION
LOCATION OF SERVICE
CHARITABLE ORGANIZATION TO RECEIVE DONATIONS
TYPE OF FLOWERS & MUSIC
FUNERAL LIMOUSINE LIST
VITAL STATISTICS FOR NEWSPAPER OBITUARY
SPECIAL RELIGIOUS SERVICES
FILE WILL WITH CLERK OF COURT WITHIN 10 DAYS OF DEATH
SPECIAL WISHES INCLUDED IN WILL
NAMES OF PALLBEARERS
Name of Funeral Director in Charge of Service
Eulogy
Clothing for Surviving Spouse & Children
Preparation at Home to Greet Family & Friends
Signing Necessary Papers for Burial Permit
Answering Phone Calls, Letters & Wires of Condolence
Meeting with Funeral Director & Clergy
Greeting Friends & Family at Service
Arrangements to Meet Out-Of-Town Attendees
Provide Lodging for Out-Of-Town Attendees
Maintain List of Callers, Flower Tributes & Donations
Order Death Certificate
Caring for Infants or Minor Children

Notifications

Doctor
Funeral Director
Cemetery & Funeral Home
Family Members
Close Friends
Employer of Deceased
Pallbearers
All Insurance Agents
Religious, Fraternal, Civic Organizations
Local Newspapers
Attorney, Accountant & Executor of Estate
Social Security Office

Remember: all items in CAPITAL LETTERS can be done NOW, well ahead of time.

YOUR VITAL STATISTICS

Full Name: First Middle Last

Address: Street City State Zip

Social Security Number: Home Phone Number Cell Phone Number

Birthplace: City State Birthdate: Month Day Year

Resided in County or Parish State Since

Marital Status Name of Spouse (enter maiden name of wife or partner)

Marriage: Date Place

Name of Father Birthplace of Father

Name of Mother Birthplace of Mother

Current Occupation Name of Employing Co. Since

Organ Donor (Yes or No) Organs for Donation

Veteran (Yes or No) Branch of Service Military Serial No.

Served In (Name of War) Date Served

Organization Rank

Enlisted at Date

Discharged at Date

Location of Discharge Certificate

YOUR IMMEDIATE FAMILY

Immediate Family Members To Be Notified

Name	Relationship			Name	Relationship		
Address	City	State	Zip	Address	City	State	Zip
Telephone				Telephone			

Name	Relationship			Name	Relationship		
Address	City	State	Zip	Address	City	State	Zip
Telephone				Telephone			

Name	Relationship			Name	Relationship		
Address	City	State	Zip	Address	City	State	Zip
Telephone				Telephone			

Immediate Contacts

Prerearrangement Representative			
Address		City	
State	Zip	Telephone	

Attorney's Name			
Address		City	
State	Zip	Telephone	

Accountant's Name			
Address		City	
State	Zip	Telephone	

Immediate Contacts cont'd.

Family Doctor

Address

City

State

Zip

Telephone

Close Friends Who Can Be Called to Help

_____	_____
_____	_____
_____	_____

PETS

I have the following pets:

PET	PET'S NAME	AGE	SPECIAL INSTRUCTIONS

If I become incapacitated or die, it is my desire that _____ take care of my pet(s) and receive as a debt of my estate the sum of \$ _____ for taking care of my pet(s).

Additional Information:

IMPORTANT TELEPHONE NUMBERS & MEDICAL INFORMATION

Doctors

Name

Type of Doctor

Address

Telephone Number

Name

Type of Doctor

Address

Telephone Number

Hospitalization Information

Insurance Company

Membership Number

Group Number

Telephone Number

Insurance Company

Membership Number

Group Number

Telephone Number

Clergy

Name

Place of Worship

Telephone Number

Major Illnesses & Special Medical Instructions

YOUR FUNERAL & CEMETERY INSTRUCTIONS

Place of Service _____ Memorial Chapel

Religious Affiliation _____ Place of Worship _____ City _____ State _____

Please contact: Minister ___ Priest ___ Rabbi ___ Other ___ Name _____

Address _____ City _____ State _____ Telephone _____

Participation Organization (Military or Fraternal) _____

Type of Service: Open Closed

Casket: Metal, Wood, Fiberglass Color (exterior) _____ Color & Material (interior) _____

Flag: Yes No Fold, Place at head of casket To Drape Casket

MUSIC

Organist: Yes No Selections: _____

Soloist: Yes No Selections: _____

Favorite passage from the Bible or other literature: _____

CLOTHING

Clothing to be used from current wardrobe: _____

New Other _____

Jewelry _____ Stays on _____ or return to _____

Wedding Ring _____ Stays on _____ or return to _____

Special Instructions _____

YOUR FUNERAL & CEMETERY INSTRUCTIONS

CEMETERY DECISIONS

Location of Ownership Certificate (Deed or Cemetery Property)

Name of Cemetery Address City State Zip

Prefer: Mausoleum Lawn Crypt Ground Space Cremation Niche

Description of Cemetery Property (if owned)

Memorial (bronze, granite or other)

Vault

Inscription

Emblem

Flowers

Color and type preferred

In lieu of flowers, I request that
donations in my name be mailed to:

Love Fund, Inc.

10680 NW 25th St.

Doral, FL 33172

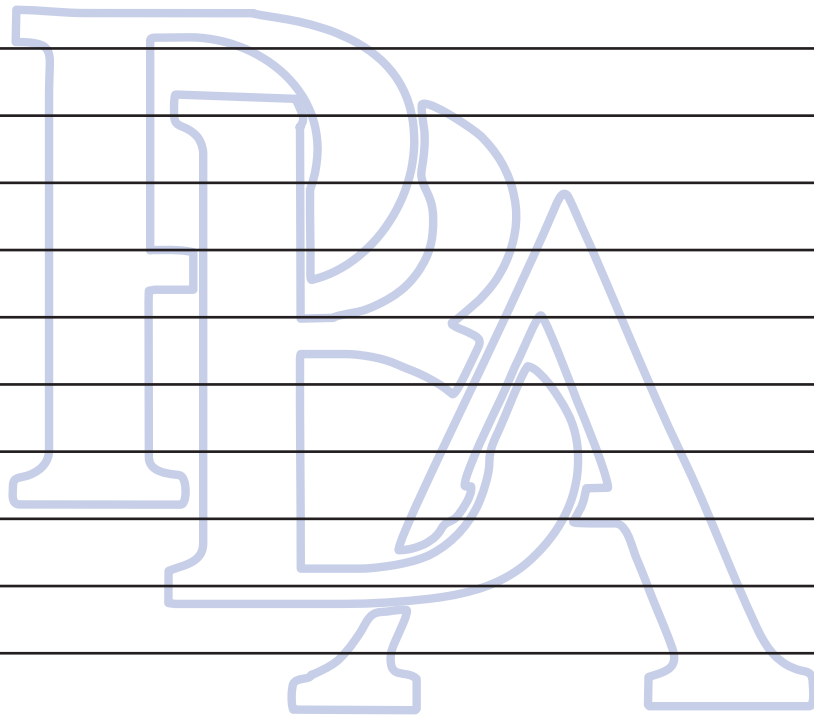
In lieu of flowers, I request that donations in my
name be mailed to:

(Name and address of organization)

Signed

Date

ADDITIONAL FUNERAL & CEMETERY INSTRUCTIONS



ORGANIZE YOUR IMPORTANT DOCUMENTS

If a tragedy were to occur, would your beneficiary know where to find your Living Will or Last Will and Testament? What about your health or life insurance information? Would your family or friends know where you keep your important documents so they can find them in case of emergency?

Use the form below to help you track important information. Keep the completed form in a secure location that you share with your family or friends so they can find it if necessary. If you know others who could benefit from using this form, make copies for them before completing it.

NAME _____ DATE _____

PERSONAL (indicate the location of each document)

Birth Certificate _____

Marriage Certificate _____

Deed/title to property _____

Vehicle title _____

Passport _____

Social Security Card _____

Divorce papers _____

Military service record _____

Funeral arrangements _____

FINANCIAL (indicate bank name, address and account number for each account)

Bank Account (primary) _____

Bank Account (other) _____

Mortgage(s) _____

Safe deposit box/box number/key _____

IRA _____

401k _____

Deferred Compensation _____

Annuities _____

Credit Cards (Name/Account #) _____

Other _____

ORGANIZE YOUR IMPORTANT DOCUMENTS

INSURANCE (indicate company name, address and policy number for each policy)

Life Insurance _____

Health Insurance _____

Vehicle Insurance _____

Property Insurance _____

LEGAL (indicate the location of each document and, if applicable, an authorized individual)

Will _____

Living Will _____

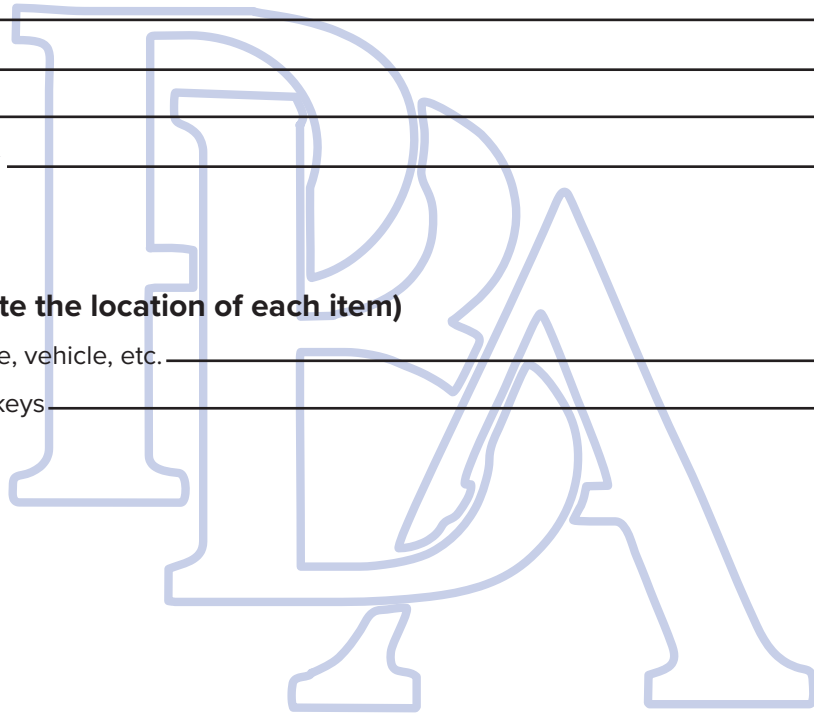
Trust _____

Power of Attorney _____

OTHER (indicate the location of each item)

Extra keys to home, vehicle, etc. _____

Safe deposit box keys _____



YOUR MUNICIPAL PENSION, 401K, ETC.

I own the following municipal pension and/or other retirement accounts:

Type of Pension/Account Account Number

Pension/Account Manager Phone Number

Address

Type of Pension/Account Account Number

Pension/Account Manager Phone Number

Address

Type of Pension/Account Account Number

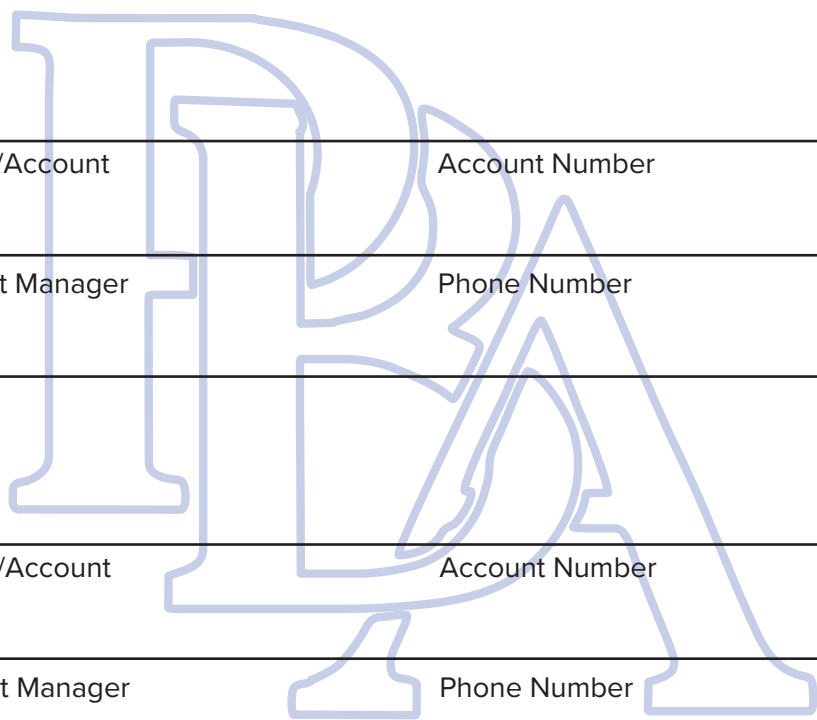
Pension/Account Manager Phone Number

Address

Type of Pension/Account Account Number

Pension/Account Manager Phone Number

Address



YOUR INSURANCE POLICIES

I own the following insurance policies:

Company	Policy Number
Name of Insured	\$ Amount of Benefit
Beneficiary	

Company	Policy Number
Name of Insured	\$ Amount of Benefit
Beneficiary	

Company	Policy Number
Name of Insured	\$ Amount of Benefit
Beneficiary	

Total \$ _____

Be sure to review your Beneficiary selection annually.
This may eliminate possible problems for your survivors.

Location of policies:

When making a claim, insurance companies require a certified copy of the Death Certificate. It is wise to make other family members, your attorney or a close friend aware of your insurance policies to assure that claims are properly made.

AGENCY SHEET

This page can be completed and filed with your law enforcement agency in your personnel file.

Officer's Name: _____
Last First

Agency Rank Badge/ID Number

Social Security Number: _____ Date of Birth: _____

In case of death or serious injury, have a department representative contact:

	<u>Name</u>	<u>Day Address</u>	<u>Evening Address</u>	<u>Phone</u>
Spouse:	_____	_____	_____	_____
Mother:	_____	_____	_____	_____
Father:	_____	_____	_____	_____
Closest Relative:	_____	_____	_____	_____
Former Spouse(s):	_____	_____	_____	_____

My best friend on the department is _____ and I would like him/her to accompany anyone sent to give injury/death notice to my family.

My best friend's address is: _____

Phone number: _____

I want _____ to serve as the liaison officer with my family.

The following members of my family have health concerns that the department should be aware of: _____

My family is aware of the beneficiaries listed on all my department insurance forms.

YES NO

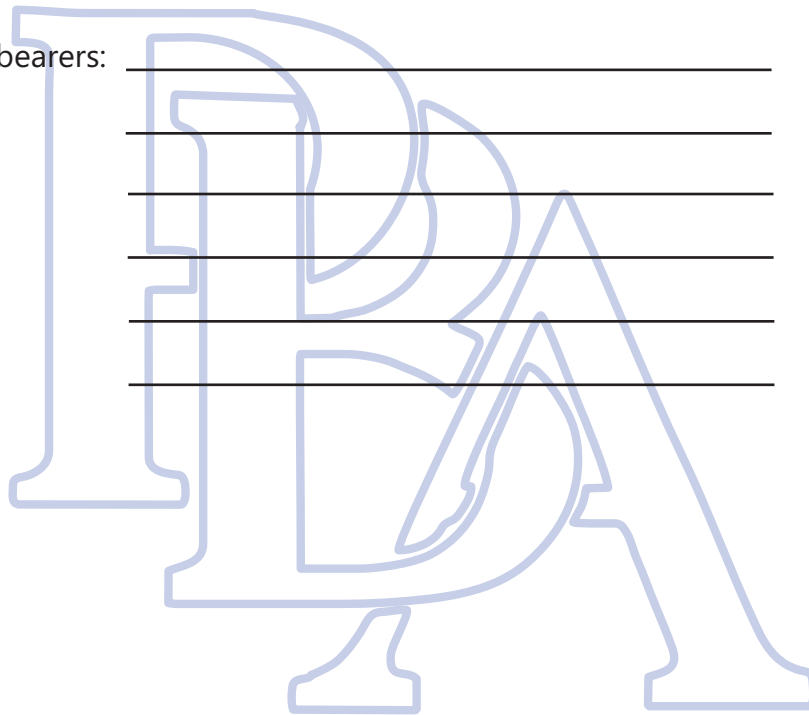
I have a letter written to my family explaining why I have named certain beneficiaries on my policies.

YES NO

I would like full law enforcement honors if killed in the line of duty.

YES NO

Suggested pallbearers:



YOUR FRS RETIREMENT CONTACT INFORMATION

Use the chart below to locate the Florida Retirement System (FRS) office best able to serve your needs. You can also send your questions or comments for the FRS from the 'Contact Us' page on frs.MyFlorida.com. Their mailing address is: Division of Retirement, P.O. Box 9000, Tallahassee, FL 32315-9000. When you write, be sure to include your full name (printed and signed), the last four digits of your social security number, mailing address and a daytime telephone number.

RETIREMENT CALCULATIONS - Handles service retirement and DROP eligibility and applications, benefit estimates, eligibility and cost to purchase additional service, and reemployment after retirement.

Toll-free: (888) 738-2252
Local: (850) 488-6491
Fax: (850) 410-2195
Email: calculations@dms.MyFlorida.com

BENEFIT PAYMENTS

RETIRED PAYROLL - Handles benefit payments, contribution refunds, retiree/payee address changes, and insurance and tax deductions.

Toll-free: (888) 377-7687
Local: (850) 488-4742
Fax: (850) 410-2193
Email: retired@dms.MyFlorida.com

DROP TERMINATION - Handles termination of employment by DROP participants and processes DROP payout forms.

Toll-free: (877) 738-3767
Local: (850) 487-4856
Fax: (850) 410-2199
Email: drop_term@dms.MyFlorida.com

DISABILITY DETERMINATION - Handles questions about eligibility for disability benefits and processes disability forms.

Toll-free: (877) 738-3725
Local: (850) 488-2968
Fax: (850) 410-2198
Email: disability@dms.MyFlorida.com

SURVIVOR BENEFITS - Handles survivor and beneficiary claims upon member's death and processes beneficiary changes after retirement or end of DROP participation.

Toll-free: (877) 377-4347
Local: (850) 488-5207
Fax: (850) 410-2197
Email: survivor@dms.MyFlorida.com

ENROLLMENT & CONTRIBUTIONS

ENROLLMENT - Handles benefit payments, contribution refunds, retiree/payee address changes, and insurance and tax deductions.

Toll-free: (877) 377-3675
Local: (850) 488-8837
Fax: (850) 410-2196
Email: enrollment@dms.MyFlorida.com

RESEARCH & EDUCATION - Analyzes proposed legislation, researches retirement issues, produces publications and maintains the website.

Toll-free: (877) 377-1737
Local: (850) 488-5706
Fax: (850) 921-0371
Email: rep@dms.MyFlorida.com

SOCIAL SECURITY

Social Security Benefits

It is important that you consider Social Security benefits, if applicable, as a significant part of your estate. Please remember that Social Security benefits are not paid automatically. They must be applied for. In order to apply, your survivor must complete and submit several documents to the Social Security Administration Office within a specific period of time.

The following documents may be required to approve your application:

- Proof of death (either from funeral home or death certificate);
- Your Social Security number, and the deceased family member's number;
- Your birth certificate;
- Your marriage certificate if you are the widow or widower;
- Proof of U.S. citizenship or lawful alien status if you were born outside the United States;
- Your divorce papers if you are applying as a surviving divorced spouse;
- Dependent children's Social Security numbers and birth certificates, if available;
- Deceased worker's most recent W-2 forms or federal self-employment tax return;
- The name of your bank and your account number so your benefits can be directly deposited into your account.

You can apply by calling or visiting any Social Security office or making an appointment through their toll-free number, 1-800-772-1213 (TTY 1-800-325-0778).

Keep your Social Security number accessible at all times.

Social Security Number _____

Your Earnings and Benefit Estimate

To obtain an estimate of what your future Social Security benefits will be and how you can qualify for them, the Social Security Administration offers an online Retirement Estimator you can use to obtain immediate and personalized estimates of your future retirement benefit at www.ssa.gov/pgm/retirement.htm.

Ready to retire? The Social Security website also offers the Retirement Benefit application that you can complete in as little as 15 minutes. Better yet, you can apply from the comfort of your home or office at a time most convenient for you. There's no need to drive to a local Social Security office or wait for an appointment with a Social Security representative. In most cases, once your application is submitted electronically, you're done. There are no forms to sign and usually no documentation is required. Social Security will process your application and contact you if any further information is needed. Visit www.ssa.gov/pgm/retirement.htm to apply or for more information.

VETERANS BENEFITS

If you are an honorably discharged veteran and have completed the required period of duty, you or your family may be entitled to a wide range of benefits, including burial benefits. Like Social Security benefits, Veterans benefits are not paid automatically; they must be applied for.

Because these benefits and allowances change periodically, you are encouraged to check with your local or regional Veterans Administration Office for current information on benefits and procedures. Or, call the Department of Veterans Affairs at 1-800-827-1000, or visit their website: www.va.gov.

INFORMATION AS SUPPLIED BY VETERANS BENEFITS ADMINISTRATION:

What Are VA Burial Allowances?

VA burial allowances are partial reimbursements of an eligible veteran's burial and funeral costs. When the cause of death is not service related, the reimbursements are generally described as two payments: (1) a burial and funeral expense allowance, and (2) a plot or interment allowance.

Who Is Eligible?

You may be eligible for a VA burial allowance if:

- you paid for a veteran's burial or funeral, **AND**
- you have not been reimbursed by another government agency or some other source, such as the deceased veteran's employer, **AND**
- the veteran was discharged under conditions other than dishonorable.

In addition, at least one of the following conditions must be met:

- the veteran died because of a service-related disability, **OR**
- the veteran was receiving VA pension or compensation at the time of death, **OR**
- the veteran was entitled to receive VA pension or compensation, but decided not to reduce his/her military retirement or disability pay, **OR**
- the veteran died while hospitalized by VA, or while receiving care under VA contract at a non-VA facility, **OR**
- the veteran died while traveling under proper authorization and at VA expense to or from a specified place for the purpose of examination, treatment, or care, **OR**
- the veteran had an original or reopened claim pending at the time of death and has been found entitled to compensation or pension from a date prior to the date of death, **OR**
- the veteran died on or after October 9, 1996, while a patient at a VA-approved state nursing home.

How Much Does VA Pay?

Service-Related Death. VA will pay up to \$2,000 toward burial expenses for deaths on or after September 11, 2001. VA will pay up to \$1,500 for deaths prior to September 10, 2001. If the veteran is buried in a VA national cemetery, some or all of the cost of transporting the deceased may be reimbursed.

Nonservice-Related Death. VA will pay up to \$300 toward burial and funeral expenses and a \$300 plot-interment allowance for deaths on or after December 1, 2001. The plot-interment allowance is \$150 for deaths prior to December 1, 2001. If the death happened while the veteran was in a VA hospital or under VA contracted nursing home care, some or all of the costs for transporting the veteran's remains may be reimbursed.

How Can You Apply?

You can apply by filling out VA Form 21-530, *Application for Burial Benefits*. You should attach a copy of the veteran's military discharge document (DD 214 or equivalent), death certificate, funeral and burial bills. They should show that you have paid them in full. You may download the form at <http://www.va.gov/vaforms/>

LAW ENFORCEMENT ORGANIZATIONS INFO PAGE

Concerns of Police Survivors (C.O.P.S)

Concerns of Police Survivors, Inc. provides resources to assist in the rebuilding of the lives of surviving families and affected co-workers of law enforcement officers killed in the line of duty as determined by Federal criteria. Furthermore, C.O.P.S. provides training to law enforcement agencies on survivor victimization issues and educates the public of the need to support the law enforcement profession and its survivors.

For more information, visit www.nationalcops.org.

Address:

P.O. Box 3199 - 846 Old South 5 - Camdenton, MO 65020

Phone:

573-346-4911

Fax:

573-346-1414

Email:

cops@nationalcops.org

Federal Workers' Compensation Benefits for Non-Federal L.E.O.s

Phone:

202-523-6490

The Two-Hundred Club of Greater Miami

The purpose of The Two Hundred Club is to benefit the families of law enforcement officers, fire fighters and their dependents when such officers or fire fighters have lost their lives in the line of duty.

Visit www.200clubmiami.org for more information.

Address:

P.O. Box 34-8579
Coral Gables, FL 33234

Phone:

305-443-8973

Fax:

305-666-9115

YOUR ORGANIZATIONS/ASSOCIATIONS

List any organizations and/or associations you belong to:

Coastal Florida Police Benevolent Association

Name of Organization/Association Position (if applicable)

810 Fentress Ct, Suite 150, Daytona Beach, FL 32117

Address

386-304-2393

Phone Number

Member Since (year)

Name of Organization/Association

Position (if applicable)

Address

Phone Number

Member Since (year)

Name of Organization/Association

Position (if applicable)

Address

Phone Number

Member Since (year)

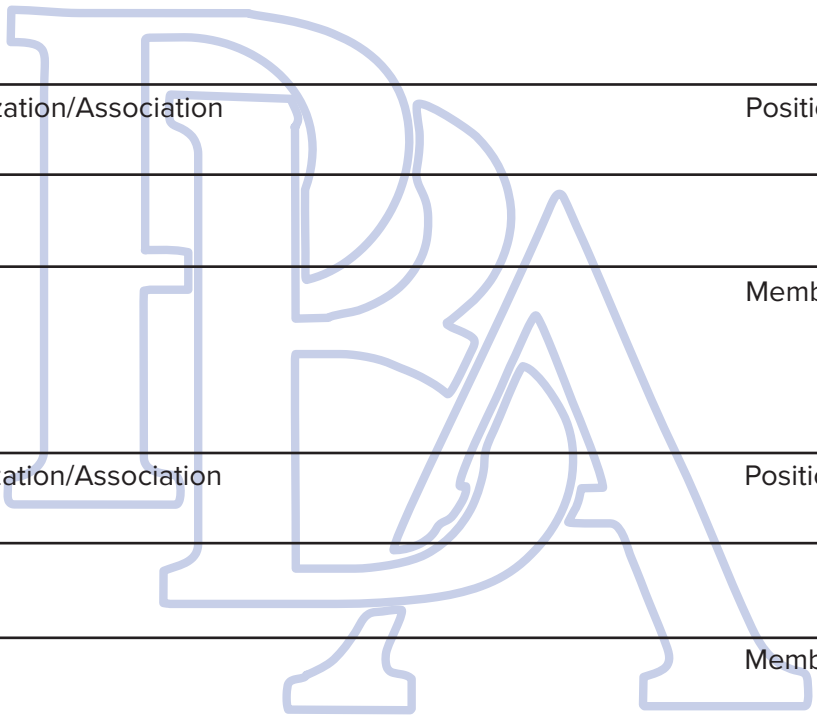
Name of Organization/Association

Position (if applicable)

Address

Phone Number

Member Since (year)



A WILL

The information contained in this section cannot take the place of legal counsel.

Everyone should have a properly executed Will. It is recommended that the Will be prepared by a competent attorney or someone of equivalent expertise.

You should review your Will every few years, especially your beneficiary designation. If your life circumstances change, such as a marriage, divorce or the birth of a child occurs, you should make sure your beneficiaries reflect your wishes. Reviewing your Will is also a good practice since federal and state laws affecting your estate may require your Will to be revised.

Without a Will, state laws, a court or a judge may decide how and to whom your property and other personal effects are to be distributed.

Upon death, your Will must be probated and your estate administered. This can be a complicated process that can take time. Remember, in the absence of a Will, you run the risk of having your property and personal assets tied up in protracted court proceedings. These delays can work undue hardships on your beneficiaries.

The preparation and execution of a Will is a vital part of your prearrangement program. **DO NOT PROCRASTINATE!**

Note: Per Florida Statute 732.901, the custodian of a Will must deposit the Will with the clerk of court having venue of the estate of the decedent WITHIN 10 DAYS after receiving information that the testator is dead.





LAST WILL AND TESTAMENT

OF

I, _____, a resident of _____ County, Florida, being of sound and disposing memory and understanding and not under the restraint of undue influence of any person, do hereby make, publish and declare this to be my Last Will and Testament, hereby revoking any Wills and Codicils at any time heretofore made by me.

ARTICLE I

I direct that my funeral expenses and all valid claims against my estate to be paid as soon after my death as shall be practicable.

I further direct that all estate, inheritance, succession or other similar taxes of the United States of America, or of any state or territory thereof, or of any foreign country, together with any interest and penalties thereon, levied or imposed by reason of my death, with respect to any property required to be included in my gross estate, whether or not passing under my Will, shall be paid out of my residuary estate.

ARTICLE II

I give all the property, both real and personal, owned by me at my death to my beloved spouse, _____, if s/he survives me.

ARTICLE III

If my spouse, _____, predeceases me, or if my spouse and I die as the result of a common accident or disaster, there shall be no presumption as to who died first, and I direct that my estate shall be directed to and divided equally between _____, date of birth _____ and _____, date of birth _____ to share alike, fifty-



fifty (50/50) and to be held in trust by _____, of _____ until they individually reach the age of 25, at which point on each child's 25th birthday they shall be entitled to their share of my estate, except that educational and medical expenses may be paid on their behalf out of my estate prior to my children reaching the age of 25. If _____ predeceases me, I direct that _____, of _____ hold my estate in trust for my children, _____ and _____ until they reach the age of 25, as above, except that educational and medical expenses may be paid on their behalf out of my estate prior to their reaching the age of 25.

ARTICLE IV

I appoint my spouse, _____, to be the personal representative of my estate, and if s/he predeceases me, or if my spouse and I die as a result of a common accident or disaster, I appoint _____, of _____ (address) to be the alternate personal representative of my estate.

ARTICLE V

I direct that no bond be required of the personal representative of my estate.

IN WITNESS WHEREOF, I have subscribed my name and affixed my seal at _____ County, Florida on this _____ day of _____, 20__, to this will consisting of () pages.

_____, Testator



The above and foregoing instrument was signed, sealed, published and declared by _____, the above named Testator, as his/her Last Will and Testament, in the presence of us, the undersigned witnesses, who at his/her request, and his/her presence and in the presence of each other, have subscribed our names as witnesses after the Testator has signed his name on this ____ day of _____, 20__.

_____ of _____
Signature of Witness Address of Witness

_____ of _____
Signature of Witness Address of Witness

STATE OF FLORIDA)
)
COUNTY OF _____)

We, _____ and _____,
the Testator and those respectively whose names are signed to the attached or foregoing instrument, having been sworn, declared to the undersigned officer that the Testator signed the instrument as his/her Last Will and Testament, that s/he signed, and that each of the witnesses in the presence of the Testator and in the presence of each other signed the Will as witnesses.

_____, Testator

Signature of Witness

Signature of Witness



Address of Witness

Address of Witness

Social Security Number of Witness

Social Security Number of Witness

Before me, the undersigned authority, personally appeared _____,
who is personally known to me or has produced _____ as
identification.

Sworn to this ____ day of _____, 20__.

Notary Public, State of Florida at Large

Stamp or Type Name of Notary

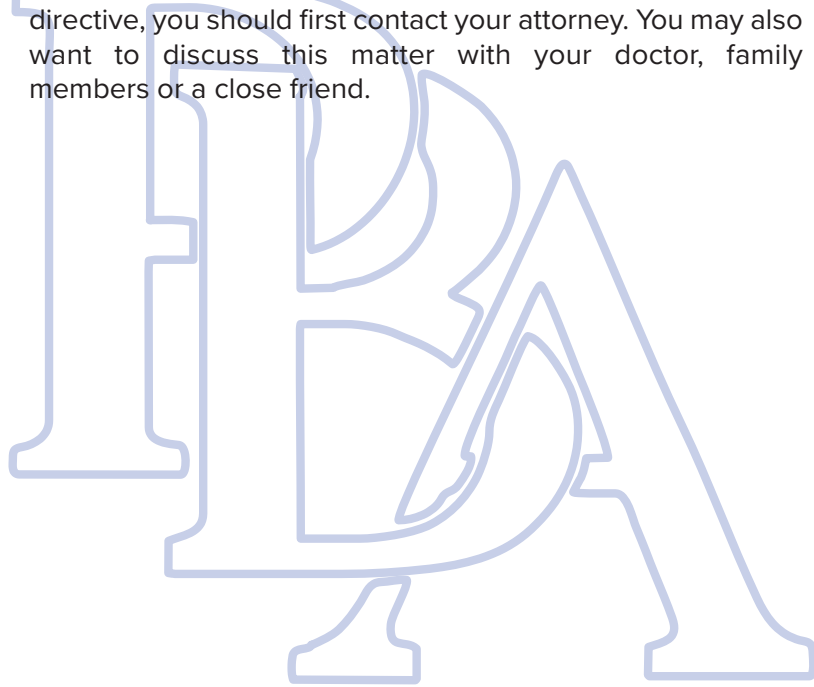
MY COMMISSION EXPIRES:

A LIVING WILL DECLARATION

The information contained in this section cannot take the place of legal counsel.

Today's improved medical technology and procedures enable a terminal patient's life to be prolonged almost indefinitely. This situation has led to the creation of documents, such as a Living Will and Durable Power of Attorney, that permit you to give directions regarding your future medical care in the event that you are unable to do so.

When considering whether or not you wish to prepare such a directive, you should first contact your attorney. You may also want to discuss this matter with your doctor, family members or a close friend.





LIVING WILL OF

I, _____, of _____, being of sound mind, do hereby willfully and voluntarily make known my desire that my life not be prolonged under any of the following conditions, and do hereby further declare:

1. If I should, at any time, have an incurable condition caused by any disease or illness, or by any accident or injury, and be determined by any two or more physicians to be in a terminal condition whereby the use of "heroic measures" or the application of life-sustaining procedures would only serve to delay the moment of my death, and where my attending physician has determined that my death is imminent whether or not such "heroic measures" or life-sustaining measures are employed, I direct that such measures and procedures be withheld or withdrawn and that I be permitted to die naturally. I do not fear death itself as much as the indignities of deterioration, dependence and hopeless pain. I therefore ask that medication be mercifully administered to me and that any medical procedures be performed on me which are deemed necessary to provide me with comfort, care or to alleviate pain.
2. In the event of my inability to give directions regarding the application of life-sustaining procedures or the use of "heroic measures", it is my intention that this directive shall be honored by my family and physicians as my final expression of my right to refuse medical and surgical treatment, and my acceptance of the consequences of such refusal.
3. I am mentally, emotionally and legally competent to make this directive and I fully understand its import.
4. I reserve the right to revoke this directive at any time.
5. This directive shall remain in force until revoked.

IN WITNESS WHEREOF, I have hereto set my hand and seal this _____ day of _____, 20__.

Signed: _____



LIVING WILL OF

Declaration of Witnesses

The declarant is personally known to me and I believe him to be of sound mind and emotionally and legally competent to make the herein contained Directive to Physicians. I am not related to the declarant by blood or marriage, nor would I be entitled to any portion of the declarant's estate upon his decease, nor am I an attending physician of the declarant, nor an employee of the attending physician, nor an employee of a health care facility in which the declarant is a patient, nor a patient in a health care facility in which the declarant is a patient, nor am I a person who has any claim against any portion of the estate of the declarant upon his death.

Witness 1:

Witness 2:

Signed:

Address:

Notary Public, State of Florida at Large

Stamp or Type Name of Notary

MY COMMISSION EXPIRES:

Initials

A POWER OF ATTORNEY

The information contained in this section cannot take the place of legal counsel.

A Power of Attorney form gives someone the right to act on behalf of another. It can be with limited or full access and can be used for medical or financial reasons.





Durable Power of Attorney for Health Care

I, _____, am of sound mind, and I voluntarily make this designation.

I designate _____, residing at _____ as my patient advocate to make care, custody and medical treatment decisions for me in the event I become unable to participate in medical treatment decisions.

The determination of when I am unable to participate in medical treatment decisions shall be made by my attending physician and another physician or licensed psychologist.

In making decisions for me, my patient advocate shall follow my wishes of which she is aware, whether expressed orally, in a living will, or in this designation.

My patient advocate has authority to consent to or refuse treatment on my behalf, to arrange medical services for me, including admission to a hospital or nursing care facility, and to pay for such services with my funds. My patient advocate shall have access to any of my medical records to which I have a right.

I expressly authorize my patient advocate to make decisions to withhold or withdraw treatment which would allow me to die and I acknowledge such decisions could or would allow my death.

insert name of patient advocate

I may change my mind at any time by communicating in any manner that this designation does not reflect my wishes.

It is my intent that my family, the medical facility, and any doctors, nurses and other medical personnel involved in my care shall have no civil or criminal liability for honoring my wishes as expressed in this designation or for implementing the decisions of my patient advocate.

Photocopies of this document, after it is signed and witnessed, shall have the same legal force as the original document.

Initials

Page 1 of 3



I sign this document after careful consideration. I understand its meaning and I accept its consequences.

Signed: _____ Date: _____

Address: _____

STATEMENT OF WITNESSES

We sign below as witnesses. This declaration was signed in our presence. The declarant appears to be of sound mind, and to be making this designation voluntarily, without duress, fraud or undue influence.

Signed by witness: _____ Date: _____

(Print or type full name)

Address: _____

Signed by witness: _____ Date: _____

(Print or type full name)

Address: _____

Notary Public, State of Florida at Large

Stamp or Type Name of Notary

MY COMMISSION EXPIRES:



Acceptance by Patient Advocate

(A) This designation shall not become effective unless the patient is unable to participate in treatment decisions.

(B) A patient advocate shall not exercise powers concerning the patient's care, custody and medical treatment that the patient, if the patient were able to participate in the decision, could not have exercised in his or her own behalf.

(C) This designation cannot be used to make a medical treatment decision to withhold or withdraw treatment from a patient who is pregnant that would result in the pregnant patient's death.

(D) A patient advocate may make a decision to withhold or withdraw treatment which would allow a patient to die only if the patient has expressed in a clear and convincing manner that the patient advocate is authorized to make such a decision, and that the patient acknowledges that such a decision could or would allow the patient's death.

(E) A patient advocate shall not receive compensation for the performance of his or her authority, rights, and responsibilities, but a patient advocate may be reimbursed for actual and necessary expenses incurred in the performance of his or her authority, rights, and responsibilities.

(F) A patient advocate shall act in accordance with the standards of care applicable to fiduciaries when acting for the patient and shall act consistent with the patient's best interests. The known desires of the patient expressed or evidenced while the patient is able to participate in medical treatment decisions are presumed to be in the patient's best interests.

(G) A patient may revoke his or her designation at any time or in any manner sufficient to communicate an intent to revoke.

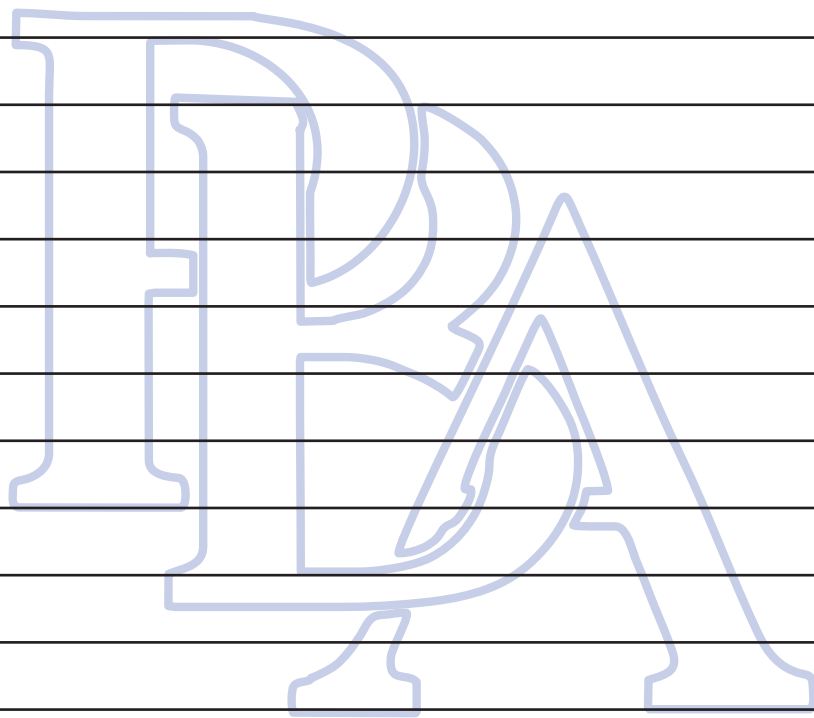
(H) A patient advocate may revoke his or her acceptance to the designation at any time and in any manner sufficient to communicate an intent to revoke.

I understand the above conditions and I accept the designation as patient advocate for _____.

Signed: _____

Date: _____

ADDITIONAL INFORMATION



Alu O'Hara Public Safety Act

112.19 Law enforcement, correctional, and correctional probation officers; death benefits.—

(1) Whenever used in this section the term:

(a) “Employer” means a state board, commission, department, division, bureau, or agency, or a county, municipality, or other political subdivision of the state, which employs, appoints, or otherwise engages the services of law enforcement, correctional, or correctional probation officers.

(b) “Law enforcement, correctional, or correctional probation officer” means any officer as defined in s. 943.10 (14) or employee of the state or any political subdivision of the state, including any law enforcement officer, correctional officer, correctional probation officer, state attorney investigator, or public defender investigator, whose duties require such officer or employee to investigate, pursue, apprehend, arrest, transport, or maintain custody of persons who are charged with, suspected of committing, or convicted of a crime; and the term includes any member of a bomb disposal unit whose primary responsibility is the location, handling, and disposal of explosive devices. The term also includes any full-time officer or employee of the state or any political subdivision of the state, certified pursuant to chapter 943, whose duties require such officer to serve process or to attend terms of circuit or county court as bailiff.

(c) “Insurance” means insurance procured from a stock company or mutual company or association or exchange authorized to do business as an insurer in this state.

(d) “Fresh pursuit” means the pursuit of a person who has committed or is reasonably suspected of having committed a felony, misdemeanor, traffic infraction, or violation of a county or municipal ordinance. The term does not imply instant pursuit, but pursuit without unreasonable delay.

(2)(a) The sum of \$25,000 shall be paid as provided in this section when a law enforcement, correctional, or correctional probation officer, while engaged in the performance of the officer’s law enforcement duties, is accidentally killed or receives accidental bodily injury which results in the loss of the officer’s life, provided that such killing is not the result of suicide and that such bodily injury is not intentionally self-inflicted.

(b) The sum of \$25,000 shall be paid as provided in this section if a law enforcement, correctional, or correctional probation officer is accidentally killed as specified in paragraph (a) and the accidental death occurs as a result of the officer’s response to fresh pursuit or to the officer’s response to what is reasonably believed to be an emergency. This sum is in addition to any sum provided for in paragraph (a).

(c) If a law enforcement, correctional, or correctional probation officer, while engaged in the performance of the officer’s law enforcement duties, is unlawfully and intentionally killed or dies as a result of such unlawful and intentional act, the sum of \$75,000 shall be paid as provided in this section.

(d) Such payments, pursuant to the provisions of paragraphs (a), (b), and (c), whether secured by insurance or not, shall be made to the beneficiary designated by such law enforcement, correctional, or correctional probation officer in writing, signed by the officer and delivered to the employer during the officer’s lifetime. If no such designation is made, then it shall be paid to the officer’s surviving child or children and spouse in equal portions, and if there is no surviving child or spouse, then to the officer’s parent or parents. If a beneficiary is not designated and there is no surviving child, spouse, or parent, then it shall be paid to the officer’s estate.

(e) Such payments, pursuant to the provisions of paragraphs (a), (b), and (c), are in addition to any Workers’ Compensation or pension benefits and are exempt from the claims and

demands of creditors of such law enforcement, correctional, or correctional probation officer.

(f) If a full-time law enforcement, correctional, or correctional probation officer who is employed by a state agency is killed in the line of duty as a result of an act of violence inflicted by another person while the officer is engaged in the performance of law enforcement duties or as a result of an assault against the officer under riot conditions, the sum of \$1,000 shall be paid, as provided for in paragraph (d), toward the funeral and burial expenses of such officer. Such benefits are in addition to any other benefits which employee beneficiaries and dependents are entitled under the provisions of the Workers' Compensation Law or any other state or federal statutes.

(g) Any political subdivision of the state that employs a full-time law enforcement officer as defined in s. 943.10(1) or a full-time correctional officer as defined in s. 943.10(2) who is killed in the line of duty on or after July 1, 1993, as a result of an act of violence inflicted by another person while the officer is engaged in the performance of law enforcement duties or as a result of an assault against the officer under riot conditions shall pay the entire premium of the political subdivision's health insurance plan for the employee's surviving spouse until remarried, and for each dependent child of the employee until the child reaches the age of majority or until the end of the calendar year in which the child reaches the age of 25 if:

1. At the time of the employee's death, the child is dependent upon the employee for support; and

2. The surviving child continues to be dependent for support, or the surviving child is a full time or part-time student and is dependent for support.

(h) 1. Any employer who employs a full-time law enforcement, correctional, or correctional probation officer who, on or after January 1, 1995, suffers a catastrophic injury, as defined in s. 440.021(34), in the line of duty shall pay the entire premium of the employer's health insurance plan for the injured employee, the injured employee's spouse, and for each dependent child of the injured employee until the child reaches the age of majority or until the end of the calendar year in which the child reaches the age of 25 if the child continues to be dependent for support, or the child is a full-time or part-time student and is dependent for support. The term "health insurance plan" does not include supplemental benefits that are not part of the basic group health insurance plan. If the injured employee subsequently dies, the employer shall continue to pay the entire health insurance premium for the surviving spouse until remarried, and for the dependent children, under the conditions outlined in this paragraph. However:

a. Health insurance benefits payable from any other source shall reduce benefits payable under this section.

b. It is unlawful for a person to willfully and knowingly make, or cause to be made, or to assist, conspire with, or urge another to make, or cause to be made, any false, fraudulent, or misleading oral or written statement to obtain health insurance coverage as provided under this paragraph. A person who violates this sub-subparagraph commits a misdemeanor of the first degree, punishable as provided in s. 775.082 or s. 775.083.

c. In addition to any applicable criminal penalty, upon conviction for a violation as described in sub-subparagraph b., a law enforcement, correctional, or correctional probation officer or other beneficiary who receives or seeks to receive health insurance benefits under this paragraph shall forfeit the right to receive such health insurance benefits, and shall reimburse the employer for all benefits paid due to the fraud or other prohibited activity. For purposes of this sub-subparagraph, "conviction" means a determination of guilt that is the result of a plea or trial, regardless of whether adjudication is withheld.

2. In order for the officer, spouse, and dependent children to be eligible for such insurance coverage, the injury must have occurred as the result of the officer's response to fresh pursuit, the officer's response to what is reasonably believed to be an emergency, or an unlawful act

perpetrated by another. Except as otherwise provided herein, nothing in this paragraph shall be construed to limit health insurance coverage for which the officer, spouse, or dependent children may otherwise be eligible, except that a person who qualifies under this section shall not be eligible for the health insurance subsidy provided under chapter 121, chapter 175, or chapter 185.

(i) The Bureau of Crime Prevention and Training within the Department of Legal Affairs shall adopt rules necessary to implement paragraphs (a), (b), and (c).

(3) If a law enforcement, correctional, or correctional probation officer is accidentally killed as specified in paragraph (2)(b) on or after June 22, 1990, or unlawful and intentionally killed as specified in paragraph (2)(c) on or after July 1, 1980, the state shall waive certain educational expenses which children of the deceased officer incur while obtaining a vocational-technical certificate or an undergraduate education. The amount waived by the state shall be an amount equal to the cost of tuition and matriculation and registration fees for a total of 120 credit hours. The child may attend a state vocational-technical school, a state community college, or a state university. The child may attend any or all of the institutions specified in this subsection, on either a full-time or part-time basis. The benefits provided under this subsection shall continue to the child until the child's 25th birthday.

(a) Upon failure of any child benefited by the provisions of this section to comply with the ordinary and minimum requirements of the institution attended, both as to discipline and scholarship, the benefits shall be withdrawn as to the child and no further moneys may be expended for the child's benefits so long as such failure or delinquency continues.

(b) Only a student in good standing in his or her respective institution may receive the benefits thereof.

(c) A child receiving benefits under this section must be enrolled according to the customary rules and requirements of the institution attended.

(4)(a) The employer of such law enforcement, correctional or correctional probation officer is liable for the payment of the sums specified in this section and is deemed self-insured, unless it procures and maintains, or has already procured and maintained, insurance to secure such payments. Any such insurance may cover only the risks indicated in this section, in the amounts indicated in this section, or it may cover those risks and additional risks and may be in larger amounts. Any such insurance shall be placed by such employer only after public bid of such insurance coverage which coverage, shall be awarded to the carrier making the lowest best bid.

(b) Payment of benefits to beneficiaries of state employees, or of the premiums to cover the risk, under the provisions of this section shall be paid from existing funds otherwise appropriated to the department employing the law enforcement, correctional, or correctional probation officers.

(5) The Department of Education shall adopt rules and procedures as are necessary to implement the educational benefits provisions of this section.

(6) Notwithstanding any provision of this section to the contrary, the death benefits provided in paragraphs (2)(c) and (g) shall also be applicable and paid in cases where an officer received bodily injury prior to July 1, 1993, and subsequently died on or after July 1, 1993, as a result of such in-line-of-duty injury attributable to an unlawful and intentional act, or an act of violence inflicted by another, or an assault on the officer under riot conditions. Payment of such benefits shall be in accordance with provisions of this section. Nothing in this provision shall be construed to limit death benefits for which those individuals listed in paragraph (2)(d) may otherwise be eligible.

History: ss. 1, 2, ch. 67-405; ss. 1, 3, ch 71-301; s. 52, ch. 79-40; s. 1, ch. 87-143; s. 2, ch. 89-22, s. 1, ch. 90-138; s. 1, ch 92-59; s. 3, ch 93-149; s. 2, ch. 94-171; s. 1404, ch. 95-147; s. 3, ch. 95-283; s. 3, ch. 96-198.

LAW ENFORCEMENT & CORRECTIONAL OFFICERS BILL OF RIGHTS

112.531 Definitions - As used in this part:

(1) "Law enforcement officer" means any person, other than a chief of police, who is employed full time by any municipality or the state or any political subdivision thereof and whose primary responsibility is the prevention and detection of crime or the enforcement of the penal, traffic, or highway laws of this state; and includes any person who is appointed by the sheriff as a deputy sheriff pursuant to s. 30.07.

(2) "Correctional officer" means any person, other than a superintendent, who is appointed or employed full time by the state or any political subdivision thereof whose primary responsibility is the supervision, protection, care, custody, or control of inmates within a correctional institution; and includes correctional probation officers, as defined in s. 943.10(3). However, the term "correctional officers" does not include any secretarial, clerical, or professionally trained personnel.

History: s. 1., ch. 74-274; s. 1, ch. 75-41; s. 34, ch. 77-104; s. 1, ch. 82-156; s. 1, ch. 89-223; s. 1, ch. 93-19

112.532 Law enforcement officers' and correctional officers' rights. - All law enforcement officers and correctional officers employed by or appointed to a law enforcement agency or a correctional agency shall have the following rights and privileges:

(1) **RIGHTS OF LAW ENFORCEMENT OFFICERS AND CORRECTIONAL OFFICERS WHILE UNDER INVESTIGATION.** - Whenever a law enforcement officer or correctional officer is under investigation and subject to interrogation by members of his or her agency for any reason which could lead to disciplinary action, demotion, or dismissal, such interrogation shall be conducted under the following conditions:

(a) The interrogation shall be conducted at a reasonable hour, preferably at a time when the law enforcement officer or correctional officer is on duty, unless the seriousness of the investigation is of such a degree that immediate action is required.

(b) The interrogation shall take place either at the office of the command of the investigating officer or at the office of the local precinct, police unit, or correctional unit in which the incident allegedly occurred, as designated by the investigating officer or agency.

(c) The law enforcement officer or correctional officer under investigation shall be informed of the rank, name, and command of the officer in charge of the investigation, the interrogating officer, and all persons present during the interrogation. All questions directed to the officer under interrogation shall be asked by or through one interrogator during any one investigative interrogation, unless specifically waived by the officer under investigation.

(d) The law enforcement officer or correctional officer under investigation shall be informed of the nature of the investigation prior to any interrogation, and he or she shall be informed of the name of all complainants.

(e) Interrogating sessions shall be for reasonable periods and shall be timed to allow for such personal necessities and rest periods as are reasonably necessary.

(f) The law enforcement officer or correctional officer under interrogation shall not be subjected to offensive language or be threatened with transfer, dismissal, or disciplinary action. No promise or reward shall be made as an inducement to answer any questions.

(g) The formal interrogation of a law enforcement officer or correctional officer, including all recess periods, shall be recorded on audio tape, or otherwise preserved in such a manner as to allow a transcript to be prepared, and there shall be no unrecorded questions or statements. Upon the request of the interrogated officer, a copy of any such recording of the interrogation session must be made available to the interrogated officer no later than 72 hours, excluding holidays and weekends, following said interrogation.

(h) If the law enforcement officer or correctional officer under interrogation is under arrest, or is likely to be placed under arrest as a result of the interrogation, he or she shall be completely informed of all his or her rights prior to the commencement of the interrogation.

(i) At the request of any law enforcement officer or correctional officer under investigation, he or she shall have the right to be represented by counsel or any other representative of his or her choice, who shall be present at all times during such interrogation whenever the interrogation relates to the officer's continued fitness for law enforcement or correctional service.

(j) Notwithstanding the rights and privileges provided by this part, this part does not limit the right of an agency to discipline or to pursue criminal charges against an officer.

(2) COMPLAINT REVIEW BOARDS. - A complaint review board shall be composed of three members: One member selected by the chief administrator of the agency or unit; one member selected by the aggrieved officer; and a third member to be selected by the other two members. Agencies or units having more than 100 law enforcement officers or correctional officers shall utilize a five-member board, with two members being selected by the administrator, two members being selected by the aggrieved officer, and the fifth member being selected by the other four members. The board members shall be law enforcement officers or correctional officers selected from any state, county, or municipal agency within the county. There shall be a board for law enforcement officers and a board for correctional officers whose members shall be from the same discipline as the aggrieved officer. The provisions of this subsection shall not apply to sheriffs or deputy sheriffs.

(3) CIVIL SUITS BROUGHT BY LAW ENFORCEMENT OFFICERS OR CORRECTIONAL OFFICERS. - Every law enforcement officer or correctional officer shall have the right to bring civil suit against any person, group of persons, or organization or corporation, or the head of such organization or corporation, for damages, either pecuniary or otherwise, suffered during the performance of the officer's official duties, for abridgment of the officer's civil rights arising out of the officer's performance of official duties, or for filing a complaint against the officer which the person knew was false when it was filed. This section does not establish a separate civil action against the officer's employing law enforcement agency for the investigation and processing of a complaint filed under this part.

(4)(a) NOTICE OF DISCIPLINARY ACTION. - No dismissal, demotion, transfer, reassignment, or other personnel action which might result in loss of pay or benefits or which might otherwise be considered a punitive measure shall be taken against any law enforcement officer or correctional officer unless such law enforcement officer or correctional officer is notified of the action and the reason or reasons therefor prior to the effective date of such action.

(b) Notwithstanding the provisions of s. 112.533(2), whenever a law enforcement officer or correctional officer is subject to disciplinary action consisting of suspension with loss of pay, demotion, or dismissal, the officer shall, upon request, be provided with a complete copy of the investigative report and supporting documents and with the opportunity to address the findings in the report with the employing law enforcement agency prior to the imposition of the disciplinary action consisting of suspension with loss of pay, demotion, or dismissal. The contents of the complaint and investigation shall remain confidential until such time as the employing law enforcement agency makes a final determination whether or not to issue a notice of disciplinary action consisting of suspension with loss of pay, demotion, or dismissal. This paragraph shall not be construed to provide law enforcement officers with a property interest or expectancy of continued employment, employment, or appointment as a law enforcement officer.

(5) RETALIATION FOR EXERCISING RIGHTS. - No law enforcement officer or correctional officer shall be discharged; disciplined; demoted; denied promotion, transfer, or reassignment; or otherwise discriminated against in regard to his or her employment or

appointment, or be threatened with any such treatment, by reason of his or her exercise of the rights granted by this part.

¹(6) LIMITATIONS PERIOD FOR DISCIPLINARY ACTIONS. -

(a) Except as provided in this subsection, no disciplinary action, demotion, or dismissal shall be undertaken by an agency against a law enforcement officer or correctional officer for any act, omission, or other allegation of misconduct if the investigation of such allegation is not completed within 180 days after the date the agency receives notice of the allegation by a person authorized by the agency to initiate an investigation of the misconduct. In the event that the agency determines that disciplinary action is appropriate, it shall complete its investigation and give notice in writing to the law enforcement officer or correctional officer of its intent to proceed with disciplinary action, along with a proposal of the action sought. Such notice to the officer shall be provided within 180 days after the date the agency received notice of the alleged misconduct, except as follows:

1. The running of the limitations period may be tolled for a period specified in a written waiver of the limitation by the law enforcement officer or correctional officer.

2. The running of the limitations period shall be tolled during the time that any criminal investigation or prosecution is pending in connection with the act, omission, or other allegation of misconduct.

3. If the investigation involves an officer who is incapacitated or otherwise unavailable, the running of the limitations period shall be tolled during the period of incapacitation or unavailability.

4. In a multijurisdictional investigation, the limitations period may be extended for a period of time reasonably necessary to facilitate the coordination of the agencies involved.

(b) An investigation against a law enforcement officer or correctional officer may be reopened, notwithstanding the limitations period for commencing disciplinary action, demotion, or dismissal, if:

1. Significant new evidence has been discovered that is likely to affect the outcome of the investigation.

2. The evidence could not have reasonably been discovered in the normal course of investigation or the evidence resulted from the predisciplinary response of the officer.

Any disciplinary action resulting from an investigation that is reopened pursuant to this paragraph must be completed within 90 days after the date the investigation is reopened.

History: s. 2, ch. 74-274; s. 2, ch. 82-156; s. 2, ch. 93-19; s. 721, ch. 95-147; s. 1, ch. 98-249; s. 1, ch. 2000-184; s. 1, ch. 2003-149; s. 3, ch. 2005-100.

¹Note.--Section 12, ch. 2005-100, provides that “[t]his act shall take effect July 1, 2005, and shall apply to actions arising on or after that date.”

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