FORM “A”

(Regulation 2(a))

**Ongoing Power of Attorney**

This form is drafted in the masculine gender, however it is intended for both genders alike

**Identifying Details of the Principal**

I, the undersigned (enter your name as it appears on your identity card),

First name      Last name

Israeli identity card number

Foreign passport (if Principal has no Israeli identity card); Foreign passport number      Country issuing the passport

Permanent Residence: Country      Town

**Contact Information of the Principal**

I request receipt of notifications from the Guardian General in one of the following manners:

\* You must enter all details and mark one manner for receiving notifications

Mailing address: Country      Town      Street      Number      Entrance      Postal zip code      P.O. Box number      P.O. Box postal zip code number

Email:

Mobile phone (by checking this section, you agree to receive text messages):

**For purposes of accessing the website, viewing the document and performing actions, a password will be sent:**

To this e-mail address:

Text message to mobile phone number:

**Details of the Representative**

I appoint and empower (enter the name as it appears on the identity card)

First name      Last name

Israeli identity card number

Foreign passport (if Representative hasno Israeli identity card); Passport number:       Country issuing the passport:

Family relation between me and the Representative:

Yes. The Representative is my:

No

I have the following relationship with the Representative:

Professional (specify profession)      License number      (required to be filled only if the reason the Representative is selected has to do with his profession)

Other relationship (friend, acquaintance):

I empower my Representative to make decisions, carry out actions and represent me in the following issues:

1. Propery matters:

All matters

In the following matters only:

In all matters, except for the following matters:

1. Personal matter (except for Medical matters)

All matters

In the following matters only:

In all matters, except for the following matters:

1. Medical matters

All matters

In the following matters only:

In all matters, except for the following matters:

If the Priciple wishes to appoint more than one Representative, each Representative's information must be filled in separately and Principle must specify whether s/he is an additional, joint or alternate Representative.

**Preliminary Instructions**

This Power of Attorney will go into effect at at such time that I will no longer understand the matters specified in this Power of Attorney.

I am aware that in the absence of a special provision, determination that I am unable to understand a matter will be made by the opinion of an expert as specified in the Legal Capacity & Guardianship Law, 5722-1962 (hereinafter - the Law).

I wish to establish special provisions regarding the manner in which it will be determined that I am not able to understand the matters (in whole or in par) as follows (optional section):

The effective date regarding property matters in whole or in part (as specified) will be (optional section): On

I wish to determine that the Representative will be required to notify the following people prior to sending notice to the Administrator General of the Power of Attorney’s taking effect.

**Information regarding the person who must be notified in respect of the Power of Attorney’s taking effect:**

First name      Last name

Israeli identity card number

Foreign passport (if there is no Israeli identity card);

Passport number      Country issuing the passport

Phone number      Email address:

Town      Street      Number

**Preliminary Instructions for the Representative**

These are the preliminary instructions for the Representative (optional section):

**Issues requiring express authorization pursuant to section 32f(c) of the Law**

I wish to empower the Representative also in respect of these matters which require specific authorization (optional section):

I wish to empower the Representative to consent to examine, treat, hospitalize me for psychiatric needs or release me from such hospitalization, in a psychiatric hospital or in the psychiatric ward of a general hospital.

The Representative will not be authorized to make decisions in matters related to psychiatric examination or treatment in the community or obtain information concerning such examination, treatment or hospitalization in a psychiatric hospital or psychiatric ward of a general hospital.

I wish to empower the Representative to consent to examine, treat, or hospitalize me in a psychiatric hospital or release from such hospitalization, even if I object to such treatment at the time of the request, only after I have received an explanation from a psychiatrist and signed before him.

**Instructions regarding expiration of the Power of Attorney**

I am aware that the Power of Attorney will expire, should the Representative no longer be competent under the Law or should the Representative notify me or my family members in writing that s/he no longer wishes to serve as Representative or upon the existence of the conditions set forth in section 32v of the Law.

Other circumstances for the expiration of the Power of Attorney (optional section):

I wish to establish that the Power of Attorney will remain in effect even should I inform him/her of my wish to revoke it at a time that I will no longer be competent to sign the Power of Attorney.

**Persons to inform and provide information**

I the Representative to report to the following persons about his decisions or acts on the issues and on the occurrences as follows.

**Information of the informed person**

First name      Last name

Israeli identity card number

Foreign passport (if informed person has no Israeli identity card); Passport number      Country issuing the passport

Country      Town      Street      Number      POB number      Postal code

Email address      Cellphone

The reports will be made on the following matters:

The reports will be provided on the following occurrences:

I want the informed person to be provided with a copy of the Power of Attorney.

I want the Representative to report on his acts to the Administrator General and be subject to the supervision by the Administrator General (optional section).

I agree to the provision of a copy of such Power of Attorney or allow review of such, to any caregiver as defined under the Patient's Rights Law, 5756 - 1996, for the purpose of treating me - Yes      No

I declare that on      I signed aHealthcare Proxy.

I declare that on      I deposited the Healthcare Proxy with the Ministry of Health.

**Providing information to family members**[[1]](#footnote-1)

I wish that my family members will be entitled to information pursuant to the Law.

I wish to restrict provision of information to my family members pursuant to the following details:

**Restrictions on providing information to family members**

Type of kinship      First name      Last name

Israeli identity card number

Foreign passport (if there is no Israeli identity card); Passport number      Country issuing the passport

Information is not to be provided concerning the following matters:

**Signatures**

**Signature of the Principal**

I the undersigned confirm that I understand the significance of providing a Power of Attorney, its purposes and consequences and that this Power of Attorney has been provided willingly and freely, while I was not under pressure nor undue influence and without any exploitation of my distress or weakness.

Day      Month      Year

First name      Last name

Signature of the Principal \_\_\_\_\_\_\_\_\_\_\_\_\_

**Consent and Declaration of the Representative**

I, the undersigned, hereby declare as follows:

I agree to serve as Representative for:

First name      Last name     Identifying number

After the meaning of the Power of Attorney has been explained to me, after I have read and understood its meaning, the responsibilities and powers pursuant thereto, and after the matters in which I am not empowered to act as well as the matters requiring court approval have been explained to me.

I am competent to serve as Representative, as specified in Section 32c(a) of the Law.

I request receipt of notifications from the Administrator General in one of the following manners:

\* It is required to enter all details and mark one manner for obtaining notifications

Mailing address: Country      Town      Street      Number      POBox      Zipcode

E-mail address:

Mobile phone (by checking this section, I agree to receive text messages):

For purposes of accessing the website, viewing documents and performing actions, a password will be delivered:

To this e-mail address:

Text message to the following mobile phone number:

Day      Month      Year

First name      Last name

Representative’s signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature of the Lawyer/professional**[[2]](#footnote-2) **before whom the Representative had signed**

I declare that on      the Representative       identifying number      signed before me after reading the Ongoing Power of Attorney, understanding its meaning, responsibilities and authorizations thereunder.

In witness whereof I have signed

First name      Last name

Israeli identity card number

Foreign passport (if there is no Israeli identity card); Foreign passport number      Country issuing the passport

Position: Lawyer / licensed physician / social worker / psychologist / brother / sister License number:

Lawyer’s/professional’s signature \_\_\_\_\_\_\_\_\_ stamp \_\_\_\_\_\_\_\_\_\_

**Signature of the Lawyer before whom the Power of Attorney had been signed**

1. I declare that on      the Principal,      identifying number     , signed before me. I identified the Principal according to the ID card or foreign passport as aforementioned and according to the date of birth on the identifying document, I have concluded that he is an adult.

2. I have learned that the Principal:

is not a person with disabilities requiring accomodations

is a person with disabilities and the following accomodations were exercised at the time of signing the Power of Attorney:

3. I explained to the Principal that he may determine a person to whom notification will be given on the Power of Attorney’s taking effect, an Informed Person obtaining reports as specified below, and the extent of the information provided to him and the principal’s family members.

4. I explained to the Principal that the Informed Person may not be the Representative’s relative (unless the Representative is a relative of the principal).

5. I separately explained to the Principal the provisions under Law specified below, and he understood my explanations:

the legal implications of an Ongoing Power of Attorney;

the alternatives to an Ongoing Power of Attorney under law, including preliminary guidelines for the appointment of a guardian, future decisions that will be made in his name or actions taken by the guardian and decisions of a Support Person on his behalf;

cts which may be included in an Ongoing Power of Attorney including instructions as to the date of its taking effect, preliminary instructions, restrictions as to types of matters and instructions as to informing and providing information;

acts which the Representative will not be allowed to perform without express authorization in the Power of Attorney as stated in section 32f(c) the Law;

that the Representative pursuant to an Ongoing Power of Attorney, even if it refers to medical matters - is not authorized to make decisions, issue instructions nor act regarding medical care at the end of life, pursuant to the Dying Patient Law, 5766 - 2005;

acts that the Representative will not be allowed to perform without obtaining prior court approval as provided in Section 32f(d);

the possibilities for revoking the Power of Attorney or determining that it will remain in effect even should the Principal wish to revoke it at such time that he will no longer be competent.

6. I have concluded that the Principal understands the meaning of the Power of Attorney, its purposes and implications, and I believe that the Principal is competent and that the Power of Attorney has been granted by him willingly and freely, under no pressure nor undue influence and without anyone exploiting the Principal’s distress or weakness.

7. I have been convinced that the principal meets the terms of competence provided under the Law.

8. I declare that I have been trained pursuant to Section 32n of the Law.

9. I declare that I do not have any personal interest in the Power of Attorney.

In witness whereof I have signed

Day      Month      Year

First name      Last name

License number      Israeli identity card number

Lawyer’s stamp \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Appendix “A”

**Special consent to examination, treatment, psychiatric hospitalization or discharge from such hospitalization pursuant to section 32f(c)(2) of the Law.**

After being given explanations by a psychiatrist, and after understanding the meaning of the instructions below and its implications - I wish to instruct that the Representative is to be authorized to consent in my name for the issues specified hereunder, even should I object to his consent for my examination, treatment, hospitalization or discharge at the time such as may be requested -

Psychiatric examination

Psychiatric treatment

Psychiatric hospitalization or discharge from such hospitalization

**Confirmation of a psychiatry expert physician**

I declare that on      the Principal,      identifying number     , signed before me

1. I have identified the Principal according to the ID card or foreign passport as aforementioned and according to the date of birth on the identifying document and have concluded that he is an adult.

2. I have learned that the Principal–

is not a person with disabilities requiring accomodatins

is a person with disabilities and the following are the manners of accomodations which I exercised upon the signing of the Power of Attorney:

12. I explained to the Principal the meaning of the empowerment of the Representative to grant consent to examine, treat, hospitalize or discharge from hospitalization notwithstanding his objection, and its possible consequences, and I believe that these instructions were provided by him willingly and freely, with no pressure nor undue influence having been exerted on him and without any exploitation of the principal's distress or weakness

In witness whereof I have signed

Day      Month      Year

First name      Last name     License number: Expert number:

Israeli identity card number

Foreign passport (if there is no Israeli identity card); Foreign passport number      Country issuing the passport

Signature \_\_\_\_\_\_\_ stamp \_\_\_\_\_\_\_\_\_\_\_

1. Family member - father, mother, son, daughter, sibling, grandfather, grandmother, grandchild (see the definition of family member in section 80 of the Law). [↑](#footnote-ref-1)
2. Concerning ongoing power of attorney for medical matters only. [↑](#footnote-ref-2)