



## Virginia Veterans Legal Service Clinic

Attorney General Mark R. Herring is committed to supporting veterans who have risked their lives to protect the freedom Virginians and Americans enjoy each and every day. He is proud to announce the Office of the Attorney General's very first pro bono veterans legal services clinic to help veterans create important legal documents including wills, powers of attorney and advanced medical directives. The clinics, in conjunction with the Virginia Department of Veterans Services and the Virginia State Bar, were available to veterans and their partners in four locations in March, 2016: Tidewater, Richmond, Roanoke, and Northern Virginia. We will be scheduling more clinics in the future.

### Qualifications

- In order to participate, you must be a veteran or the spouse/partner of a veteran.
- You must have a DD214 (Report of Separation or some other official document evidencing military service).
- You must be a Virginia resident.
- This program is designed to offer **simple** Wills, Powers of Attorney, and Advance Medical Directives – it is not designed to provide tax, estate or succession planning.
- **Your income, assets, expenses and geographic location must demonstrate that you do not have access to readily available attorney representation for estate planning and are therefore eligible to receive pro bono (free) legal services.**

### Instructions

- **In order to be considered for the clinic, you must fill out the questionnaire in its entirety. A representative from the clinic will contact you over the following weeks.**
- All clinics are appointment only (no walk ups) and will be scheduled on a first come, first served basis
- If you and your spouse/partner would both like to request an appointment, you must both complete intake questionnaires
- Please bring photo ID and DD214 (or some other official document evidencing military service) to your appointment
- Return your completed questionnaire by mail to:

**Office of the Attorney General - Veterans Legal Services Clinic  
202 N. 9th Main Street  
Richmond, VA 23219**



## Section 1 – Eligibility

To be eligible to participate in this program:

1. You must be a veteran of a branch of the United States Armed Forces or the spouse/partner of a veteran; and
2. You must have a DD214 (Report of Separation or some other official document evidencing military service); and
3. You must be a Virginia resident; and
4. Your income, assets, expenses and geographic location demonstrate that you do not have access to readily available attorney representation for estate planning and are therefore eligible to receive pro bono (free) legal services.

**Pro bono legal services are typically provided to senior citizens (regardless of income) and to individuals who meet certain income guidelines: annual income should not exceed \$23,540.00 for a household of 1, \$31,860.00 for a household of 2, \$40,180.00 for a household of 3, \$48,500.00 for a household of 4, and \$56,820 for a household of 5.**

**However, individual circumstances such as expenses, debt, illness, and other life and financial hardships may warrant an exception. If you do not meet the income qualifications listed below, but believe you should be considered for participation in this program, you will be given an opportunity to explain why below.**

**Please provide the following information so that we can determine whether you are eligible to receive pro bono (free) legal services:**

Are you (or will you be at the time of your appointment) 60 years or older?

Yes

No

If your answer to this question is “yes”, please skip to **Section 2** on **page 5**. If your answer to this question is “no”, please continue to page 5 and answer the questions regarding income and the number of individuals living in your household.

What is the combined annual income of your household?

- Less than \$25,000
- \$25,000-\$29,999
- \$30,000-\$34,999
- \$35,000-\$39,999
- \$40,000-\$44,999
- \$45,000-\$49,999
- \$50,000-\$54,999
- \$55,000-\$59,999
- \$60,000 or more

How many individuals are in your household?

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- More than 8

If you do not meet the income qualifications listed above, but believe you should be considered for participation in this program, please explain why below and a representative from the clinic will contact you to further assess your eligibility.

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**Section 2 – Basic Information**

1. Date of Birth: \_\_\_\_\_  
(Month/Day/Year)
2. Address: \_\_\_\_\_  
(Street) (Apt.)
- \_\_\_\_\_
- (City) (State) (Zip)
3. Contact Information: \_\_\_\_\_ (Telephone) \_\_\_\_\_ (Email Address)

**YOU MUST BE A VIRGINIA RESIDENT TO PARTICIPATE IN THIS PROGRAM.**

4. Marital Status:
- Single
  - Married
  - Separated
  - Divorced
5. Do you own a business?
- Yes
  - No

IF THE ANSWER TO QUESTION 5 IS “YES,” WE CANNOT PROVIDE A WILL FOR YOU. IF YOU WISH, WE CAN PROVIDE A DURABLE POWER OF ATTORNEY AND AN ADVANCE MEDICAL DIRECTIVE. PLEASE SKIP TO THE DURABLE POWER OF ATTORNEY AND ADVANCE MEDICAL DIRECTIVE QUESTIONS.

**Section 3 – Military Service History**

6. Military Status:

Veteran

Spouse/Partner of Veteran

7. Military Status:

Army

Navy

Marine Corps

Air Force

Coast Guard

8. What was your first year of service? \_\_\_\_\_  
(Year only)

9. What year were you discharged? \_\_\_\_\_  
(Year only)

**Section 4 – Will**

**Brief Description**

Writing a will is one of the single most important things that you can do to control who will receive your property after you die. A will lets you name your beneficiaries and specify what you are giving to each person. If you do not make a will, your property will be distributed to your legal heirs based on the laws of descent and distribution.

Married couples often leave their property to one another. However, you can designate as your beneficiaries your children, other family members, your partner, favorite charities or whomever. You may also leave specific articles of personal property to named individuals.

If you choose to create a will, you will also name an executor of your estate. This is a person who will pay your creditors from your estate and distribute your assets to your beneficiaries - the person who will see that your wishes as expressed in your will are carried out. Your executor is not personally responsible for your debt. If you have minor children you can also nominate a person to be the guardian of the children and their property.

You may create a separate list gifting specific items of personal property to named individuals.

10. Would you like to complete a will?

Yes

No

11. Is any of your property, such as a car, home or land, owned jointly with another person? If so, please describe the property and list the co-owner.

Yes

No

Co-Owner

Type of Property

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Information to Complete Your Will

12. Please choose the type of will that you desire:

\*\*\*\* (*SELECT ONE AND ONLY ONE OPTION*) \*\*\*\*

**OPTION A:** All of my property to my spouse. If my spouse does not survive me, all of my property will be divided equally among my children or my children's children if a child predeceases me.

Full Name of Spouse: \_\_\_\_\_

Full Name(s) of Children: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**OPTION B:** All of my property divided equally among my children or my children's children if a child predeceases me.

Full Name(s) of Children: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**OPTION C:** All of my property to a designated person or to an alternate person if the person first named does not survive me.

Full Name of Beneficiary: \_\_\_\_\_

Full Name of Alternate Beneficiary: \_\_\_\_\_

**OPTIOND:** All of my property divided equally among designated persons who survive me.

Full Name(s) of Beneficiaries: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

13. Omitted Children: Names of children who you do not want to inherit anything:

Full Name(s) of Children: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Executor of Your Estate

The Executor of your Estate is the person who handles collecting and distributing your property. Your executor will not be held personally responsible for your debts.

14. Who do you wish to serve as Executor of your Estate?

\_\_\_\_\_  
**\*\*\*\*(YOU MAY NAME ONLY ONE PERSON)\*\*\*\***

15. In the event that your designated Executor is unable or unwilling to serve, who is your alternate Executor?

\_\_\_\_\_  
**\*\*\*\*(YOU MAY NAME ONLY ONE PERSON)\*\*\*\***

Minor Children

16. Do you have children under the age of 18?

- Yes
- No

17. Who do you wish to serve as the Guardian of the person and property of your minor children?

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**\*\*\**(YOU MAY NAME ONLY ONE PERSON)*\*\*\***

18. Please name a person you wish to serve as Guardian of the person and property of your minor children if the previous person is unable or unwilling to serve.

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**\*\*\**(YOU MAY NAME ONLY ONE PERSON)*\*\*\***

**Section 5 – Durable Power of Attorney**

**Brief Description**

A durable power of attorney authorizes someone that you appoint to conduct business on your behalf. The durable power of attorney does not terminate on your disability, incompetence, or incapacity, but it does terminate upon your death. You should only appoint someone that you trust and that you believe is able to carry out your wishes. The document authorizes the agent to sign his or her name to checks, to convey property and to do all acts that you could do.

A durable power of attorney does not authorize your agent to make health care decisions for you. To empower someone to make health care decisions on your behalf, please continue through to complete an advance medical directive.

19. Would you like to complete a durable power of attorney?

Yes

No

20. Name of the person you would like to appoint as your agent under a durable power of attorney.

\_\_\_\_\_

(First)

(Middle)

(Last)

21. Name of the person you would like to serve as your alternate agent under a durable power of attorney if the previous person is unable or unwilling to act.

\_\_\_\_\_

(First)

(Middle)

(Last)

**Section 6 – Advance Medical Directive**

**Brief Description**

An advance medical directive, sometimes called a “living will” or “medical power of attorney,” provides advice and direction to your physicians and family as to what your wishes are in the event you are unable to give medical direction as to future medical care. An advance medical directive also appoints an individual to act as your agent for health care decisions.

You are in charge of your medical decisions until you are unable to act. You should only name agents who are willing to carry out your wishes. The agent’s power only becomes effective when/if you are unable to make your own medical decisions.

22. Would you like to complete an advance medical directive?

Yes

No

23. Name of the person you would like to appoint as your agent for health care decisions.

\_\_\_\_\_

(First) (Middle) (Last)

Address: \_\_\_\_\_

(Street) (Apt.)

\_\_\_\_\_

(City) (State) (Zip)

Telephone number of Agent: \_\_\_\_\_

24. Name of the person you would like to serve as your alternate agent for health care decisions if the previous person is unable or unwilling to act.

\_\_\_\_\_

(First) (Middle) (Last)

Address: \_\_\_\_\_

(Street) (Apt.)

\_\_\_\_\_

(City) (State) (Zip)

Telephone number of Agent: \_\_\_\_\_

Option Provision

25. Would you like this optional provision added to your advance medical directive:

“If at any time my attending physician should determine that I have a terminal condition where the application of life-prolonging procedure would serve only to artificially prolong the dying process, I direct that such procedures be withheld or withdrawn, and that I be permitted to die naturally with only the administration of medication or the performance of any medical procedure deemed necessary to provide me with comfort care or to alleviate pain. In the absence of my ability to give directions regarding the use of such life-prolonging procedures, it is my intention that this declaration shall be honored by my family and physician as the final expression of my legal right to refuse medical or surgical treatment and accept the consequences of such refusal.”

Yes, I understand this provision and would like it included in my advance medical directive.

No, I would not like this provision added to my advance medical directive.

## Section 7 – Appointment Information

Each appointment will take approximately 45-60 minutes. Appointment slots will be filled on a first-come-first-served basis and we will do our best to schedule in accordance with your preferences.

On the day of your appointment please bring:

1. Your DD214 or other official document evidencing military service; and
2. Your Virginia Driver's License or other government issued photo identification.

If you do not have these documents with you at the time of your appointment, we will need to reschedule your appointment to a time when you will be able to bring these materials with you.

**We are currently planning our future clinics. Please let us know what is your preferred location below so that we may contact you when we schedule a clinic in your area.**

If you are not able to attend the clinic on November 17, 2016, but would like us to contact you when we schedule future clinics, please tell us below where is your preferred appointment location?

- Blue Ridge
- Central Virginia (Richmond)
- Northern Virginia
- Shenandoah
- Southside
- Southwest Virginia
- Tidewater

How did you hear about Attorney General Herring's Veterans Legal Services Clinic?

- Television
- Newspaper
- Online
- Word of Mouth
- Veterans Organization
- Virginia Department of Veterans Services
- Virginia State Bar
- Other