

## Select Requirements For Powers Of Attorney And Other Advanced Directives

	<b>Form</b>	<b>Requirements</b>	<b>Witnesses</b>	<b>Legal Reference</b>
<b>Living Will</b>	<ul style="list-style-type: none"> <li>• May be in any written form expressing the wishes of a principal regarding the initiation, continuation, withholding or withdrawal of life-sustaining treatment.</li> <li>• May include other specific directions.</li> <li>• May be combined with a health care power of attorney.</li> </ul>	Must be dated and signed by principal or their representative.	<ul style="list-style-type: none"> <li>• Witnessed by 2 individuals who are each age 18 or older.</li> <li>• The person who signed the document as principal's representative may not also be a witness.</li> <li>• A health care provider and its agent may not sign on behalf of or at direction of the principal if the health care provider or agent provides health care services to the principal.</li> </ul>	20 Pa.C.S. §5441 et seq.
<b>Health Care Power of Attorney</b>	<ul style="list-style-type: none"> <li>• May be in any written form identifying the principal, appointing a health care agent and declaring that the principal authorizes the health care agent to act on behalf of the principal.</li> <li>• May include other specific directions.</li> <li>• May be combined with a living will.</li> </ul>	Must be dated and signed by principal or their representative.	<ul style="list-style-type: none"> <li>• Witnessed by 2 individuals who are each age 18 or older.</li> <li>• The person who signed the document as principal's representative may not also be a witness.</li> <li>• A health care provider and its agent may not sign on behalf of or at direction of the principal if the health care provider or agent provides health care services to the principal.</li> </ul>	20 Pa.C.S. §5451 et seq.

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	<b>Form</b>	<b>Requirements</b>	<b>Witnesses</b>	<b>Legal Reference</b>
<b>Mental Health Declarations</b>	<ul style="list-style-type: none"> <li>• May be in the form found in the statute or any other written form that expresses the wishes of a declarant regarding the initiation, continuation or refusal of mental health treatment.</li> <li>• May include other specific directions.</li> <li>• May be combined with a mental health power of attorney.</li> </ul>	Must be dated and signed by declarant or their representative.	<ul style="list-style-type: none"> <li>• Witnessed by 2 individuals who are each age 18 or older.</li> <li>• The person who signed the document as declarant’s representative may not also be a witness.</li> <li>• A mental health care provider and its agent may not sign on behalf of or at direction of the declarant if the mental health care provider or agent provides mental health care services to the declarant.</li> </ul>	20 Pa.C.S. §5821 et seq.
<b>Mental Health Power of Attorney</b>	<ul style="list-style-type: none"> <li>• May be in the form found in the statute or any other written form identifying the principal, appointing a mental health care agent and declaring that the principal authorizes the mental health care agent to make mental health care decisions on behalf of the principal.</li> <li>• May include other specific directions.</li> <li>• May be combined with a mental health declaration.</li> </ul>	Must be dated and signed by principal or their representative.	<ul style="list-style-type: none"> <li>• Witnessed by 2 individuals who are each age 18 or older.</li> <li>• The person who signed the document as principal’s representative may not also be a witness.</li> <li>• A mental health care provider and its agent may not sign on behalf of or at direction of the principal if the mental health care provider or agent provides mental health care services to the principal.</li> </ul>	20 Pa.C.S. §5831 et seq.

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	Form	Requirements & Witnesses	Legal Reference
<b>Financial or General Power of Attorney</b>	<ul style="list-style-type: none"> <li>• Must contain required notice in capital letters at the beginning of the power of attorney. Wording included after this chart.</li> <li>• The notice shall be signed by the principal.</li> <li>• The agent has no authority to act as agent unless the agent had first executed and affixed to the power of attorney an acknowledgment. Wording included after this chart.</li> </ul>	<ul style="list-style-type: none"> <li>• Dated and signed by the principal, or by the principal's designee.</li> </ul> <p>If executed by principal's mark or designee, then it shall be witnessed by two individuals each of whom is 18 years of age or older. A witness shall not be the principal's designee.</p> <ul style="list-style-type: none"> <li>• <b>For POAs executed on or after 1/1/2015:</b> the signature or mark of the principal or their designee shall be:               <ul style="list-style-type: none"> <li>○ Acknowledged before a notary public or other individual authorized by law to make acknowledgments. May not be the agent designated in the POA.</li> <li>○ Witnessed by 2 individuals, each of whom is 18 years of age or older. A witness shall not be the principal's designee, the agent, the notary public or other person authorized by law to take acknowledgments.</li> </ul> </li> </ul>	20 Pa.C.S. §5601 et seq.