LIMITED POWER OF ATTORNEY

This Power of Attorney is made on _____, 20____.

BETWEEN: _____**,** Defendant
Individually referred to as "I" or "my"

AND: _____**,**
Referred to as "You"

GRANT OF AUTHORITY: I appoint you to act as my Agent (called an attorney-in-fact)to do each and every act which I could personally do for the following uses and purposes:
To obtain any and all information, records, reports, and/or opinions, dates of admission or date of release or any other information as may be necessary from Physician, Hospital, Medical Attendant, Rehabilitation Center, Police Department, Employer, School, Detention or Correctional Facility, or Prison or any others requested by the Insurance Company, Bail Bond Company, Agency, or any representative from that office.
I grant my said agent in fact full power and authority to do and perform all and every act and thing whatsoever requisite, necessary, and proper to be done in the exercise of any of the rights and powers granted herein, as fully to all intents and purposes as I might or could do if personally present, with full power of substitution or revocation, hereby ratifying and confirming all that my said in fact, or his substitute or substitutes, shall lawfully do or cause to be done by virtue of this power of attorney and the rights and powers herein granted, to include but not be limited to the execution of the settlement documents, signing of checks and or any other action require to perfect this transaction.
POWERS: I give You all the power and authority which I may legally give to You. You may revoke this Power of Attorney or appoint a New Agent in your place. I approve and confirm all that You or your substitute may lawfully do on my behalf.
HIPPA ACT: In accordance with the Privacy Rule of the Health Insurance Portability and Accountability Act of 1996, I understand that this authorization may include disclosure of information relating to Alcohol and Drug Abuse, Mental Health Treatment, except psychotherapy notes, and Confidential HIV related information if I execute this document by signing below.
RELOCATION: I understand that I have the right to revoke this authorization at any time by writing to the surety listed herein.
REDISCLOSURE: I Understand that the information disclosed under this authorization might be re-disclosed by the recipient and federal or state law may no longer protect that re-disclosure. I understand that the surety, bondsman, his agent or independent contractors to assist I locating, apprehending and/or surrendering me to the local authorities may use the information obtained herein.
VOLUNTARY: I understand this document and have knowingly executed same. I understand that signing this authorization is voluntary. I have not been forced, threatened or coerced to execute this document. I have received no promises or inducements in return for executing this document.
COPY: A photo static copy of this Authorization shall have the same force, validity and effect as the original.
SIGNATURES: By signing below, I acknowledge that I have received a copy of this Power of Attorney and that I understand its terms.
Executed by:

Dated: _____Defendant: _____Witness: _____

DISABILITY

DEFINITIONS OF DISABILITY (N.J.S. 46:2B-8b) A principal shall be under a disability if the principal is unable to manage his or her property and affairs effectively for reasons such as mental illness, mental deficiency, physical illness or disability, advanced age, chronic use of drugs, chronic intoxication, confinement, detention by a foreign power or disappearance.

Clauses [A] and [B] below shall not be a part of this Power of Attorney unless they are signed by the Principal(s).

A. Takes Effect Regardless of Disability. This Power of Attorney is effective now and remains in effect (as defined above).

Dated: _____Defendant: _____Witness: _____

B. Takes Effect Only Upon Disability. This Power of Attorney will only become effective when (and if) I become disabled (as defined above).

NOTE: NOT APPLICABLE UNDER THE TERMS OF THIS TRANSACTION.

Dated: _____Defendant: _____Witness: _____

STATE OF _____

COUNTY OF_____

I CERTIFY that on _____20_____, _____(Defendant) personally came before me and acknowledged under oath, to my satisfaction, that this person:

(a) is named in and personally signed this document; and,
(b) signed, sealed and delivered this document as his or her act and deed.

_____
Notary Public