

事前指示

《預立遺囑、生前遺囑、醫療代理授權書、授權書及委託監護權同意書指南》



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引言

不論您的年齡、健康或財務狀況，今天都是為未來做好準備的好時機。只需準備幾份文件，就可以確保未來的生活能反映您的價值、讓生活品質得到改善、並能讓您和摯愛獲得最好的保障。

這些法律文件常被稱為「事前指示」，能讓您得到合符意願的安寧療護，並確保親人按照您的意願繼承遺產。我們希望本指南能為您提供協助。

以下是有關預立「紐約臨終遺囑」（New York Last Will and Testament）的基本信息和說明，以及其他事前指示（安寧療護一般性條款）。儘管聘請律師是最好的，但有自書遺囑會比沒有任何文件保障您的遺願更好。如果您之後聘請了律師，可以隨時更改這些文件。

本文件的內容由曼哈頓法律服務處（Manhattan Legal Services）編寫，僅供參考，不作為法律諮詢文件。本文件不用於建立律師與客戶關係，收取此文件不表示建立律師與客戶關係。若需要更全面的協助，應聘請法律顧問。

請注意，本指南僅作為基礎介紹。如果您居住在曼哈頓（Manhattan）、布魯克林（Brooklyn）、皇后區（Queens）或史坦頓島（Staten Island），並且年屆 60 歲或以上，或者是艾滋病毒陽性人士，請隨時撥打紐約法律服務處（Legal Services NYC）熱線 917-661-4500，查詢是否有資格使用我們的服務。如果您符合資格，紐約法務服務處會協助您處理基本的「事前指示」。若要處理更複雜的法律事務，我們會轉介您到其它機構。更多信息，請參閱本文件的末尾部分。

定義

本指南中介紹的文件包括：

- **臨終遺囑 (Last Will and Testament)**：遺囑是將您的財產分配給您指定的任何個人或實體（例如學校、禮拜場所或慈善機構）的法律文件（在法律條文中，我們將這些受贈人稱為「受益人」）。遺囑決定您死後的財產處理方式，但須受健在配偶的某些權利的限制。
- **生前遺囑 (Living Will)**：生前遺囑是一份法律文件，能保障您在病重不能自行作出決定時，得到符合意願的安寧療護。文件只會在您無法作出這些決定，和決定是否在病狀無法治療時使用維生設備，才會生效。
- **醫療代理授權書 (Healthcare Proxy)**：醫療代理授權書是一份法律文件，您可以選擇某人作為您的「代理人」，在您無法自行作出決定時，替您作出醫療決定。與只涵蓋安寧療護的生前遺囑不同，醫療代理授權書涵蓋生命的各個階段。您為此選定的個人（通常稱為「代理人」或「醫療授權人」）只具有您授予他們的特定權限。
- **持久授權書 (Durable Power of Attorney)**：持久授權書可讓您（「委託人」）委派您信任的人（「代理人」）為您執行文件並處理各種財務交易。您可以規定授權人有權作出的決定，例如以您的名義借出貸款、申請公共福利、從銀行帳戶提領款項、以及/或出售您的財產。您也可以指定文件是否立即生效，或是在未來某個事件發生之後生效(例如，在醫師表示您無法作出法律決定之後)。
- **委託監護權同意書 (Standby Guardianship)**：雖然這理論上不是事前指示，但委託監護權同意書是一份文件，允許父母或法定監護人在特定情況下為其子女指定臨時監護人。人們想指定一位待命監護人的情況有很多，包括被迫與您的子女分開時（例如移民拘留或被逮捕），或者如果父母失去了作出育兒決定的能力時，或者父母由於生病不能照顧子女時。待命監護權在特定情況發生後立即生效，但只持續 60 天，除非待命監護人向法院申請成為兒童的永久監護人。

臨終遺囑

引言：

甚麼是臨終遺囑？

臨終遺囑是將您的財產分配給您指定的任何個人或實體（例如學校、禮拜場所或慈善機構）的文件（在法律條文中，我們將這些受贈人稱為「受益人」）。遺囑決定您死後的財產處理方式，但須受健在配偶的某些權利的限制。

我需要預立遺囑嗎？

雖然預立遺囑不是必須的，但這份文件可以確保您的遺願得到尊重，並有助於安頓您身後事。如果以下任何一項適用於您，則預立遺囑對您很重要：

- 想要將遺物留給指定的家人、朋友或慈善機構
- 您希望指定的個人取得特定的個人物品
- 您想確保指定的個人能照顧您的未成年子女
- 您有寵物，想確保牠們得到照顧

好的，但如果我沒有預立遺囑，會發生甚麼情況？

即使您已經告訴人們您的意願，您的財產分配還是會由複雜的州政府法律決定。該法律稱為「無遺囑死亡者遺產法」（*intestacy law*），會根據特定法律認可的關係（如合法婚姻、子女、父母和兄弟姐妹）分配您的財產，並不承認其他重要關係，如家庭伴侶、照顧者和自選家庭。無遺囑死亡者遺產法可能會導致您的所有財產由未知遠親繼承，而您的伴侶或照顧者卻得不到任何遺產。但別擔心，您可以通過預立遺囑來保障您的遺願。

我沒有聘請律師。我能預立遺囑嗎？

當然可以！儘管由律師審查您的遺囑是最好的，但有自書遺囑，會比沒有遺囑好。我們希望本指南能為您提供預立遺囑、持續的財產分配決定所需的工具。

案例：

Pilar 和 Selma 已維持十年的伴侶關係。她們決定不結婚，但 Pilar 和 Selma 認為自己是彼此的配偶。在遇見 Selma 之前，Pilar 結過婚，並育有一子，Alexis。Pilar 的婚姻以離婚收場。多年後，Alexis 與 Selma 很親近，也視她是自己的繼母。Pilar 沒有預立遺囑，因為她認為這是不必要的，但她經常告訴 Selma，如果她發生任何意外，她希望把祖母的戒指留給 Selma。不幸的是，Pilar 在汽車事故中去世。由於 Pilar 和 Selma 沒有法定結婚關係，Alexis 將繼承母親的全部財產。儘管 Selma 想按 Pilar 的意願留下戒指，但 Alexis 不曾知道母親的遺願，他也想要留著那枚戒指，

因為這能令他感覺母親還在他身邊。如果沒有預立遺囑，Selma 就沒有權利保留這枚戒指。需要 Alexis 決定是否允許 Selma 留下 Pilar 的戒指。

我需要準備甚麼？

- **列出您的所有財產。**視乎您擁有的財產，此列表可能包括您喜愛的書籍、藝術品、個人銀行帳戶、現金、珠寶、房地產、船隻或汽車。不需要把您所擁有的財產逐一列出，但要包含您想要指定留給特定的受益人的每個物件。
- **列出受益人。**寫出每個受益人的姓名、地址和電話號碼。儘可能多的聯繫信息是確保您指定的受益人能獲得財產的最佳方式。如果您沒有每個人的完整連絡信息，請儘可能寫出最多的資訊。您可能還會想指定「剩餘遺產」(residuary estate)的受益人。您的剩餘遺產是您沒有在遺囑特別列明的個人物品。通過指定「剩餘遺產」，您可以讓受您委託的人執行您的遺囑，這個人也被稱為「遺囑執行人」，他了解如何處理剩餘的個人財產。如果您不想列出特定受益人來繼承您的剩餘遺產，您也可以讓遺囑執行人決定如何分配這些物品。
- **請聯絡您的遺囑執行人。**法律用語中，我們把替您執行遺願的人稱為遺囑的「執行人」。這個人應該是您能把財產交予他託管的人。幾乎任何 18 歲以上的人都可以成為執行人。在您決定信託人之後，請務必先與此人商量、再將他指定為執行人，這能讓他了解您的遺囑，並同意擔任此角色。此外，如果可以的話，您可以指定一個次要執行人，如果主要執行人不再願意或不能夠執行遺囑，他將擔任這個角色。這些步驟非常重要，因為如果沒有遺囑執行人，法院可能會任命您不認識的人擔任，並從您的財產扣取費用。您的遺囑執行人也可以是您的遺囑受益人。如果您不想在您的遺囑中指定任何受益人，您也可以讓遺囑執行人在他認為合適的情況下分配您的遺物。這意味着您的遺囑執行人能任意安排您的遺物，包括自己保留您的遺物。

恭喜！您剛完成了艱難的部分！

以下是臨終遺囑的兩個範例，以及如何填寫的說明。範例一可讓您列出想要留給受益人的特定個人財物。範例二可讓您授權遺囑執行人決定您個人財產的分配方式。兩個臨終遺囑的鏈接：[範例一](#)、[範例二](#)。

注意：為了確保您完全了解，並同意您所簽署的內容，您必須先將這些表格翻譯成您的母語，才能簽署。

臨終遺囑-範例一：

Last Will and Testament

I, [NAME] _____, residing in the County and State of New York, (a) make, publish and declare this to be my Last Will and Testament and (b) revoke all Wills and Codicils made before by me.

FIRST: I request that my enforceable debts, and my funeral and administrative expenses, be paid as quickly as possible.

SECOND *[Optional for Specific Gifts]*:

I give my _____ to my [father/partner/friend/etc.] _____ [NAME "A", ADDRESS, PHONE NUMBER]

I give my _____ to my [father/partner/friend/etc.] _____ [NAME "B", ADDRESS, PHONE NUMBER]

SECOND/THIRD:

A. I give all of my other property of any kind to my [father/partner/friend/etc.] _____ [NAME "A"], if [NAME "A"] _____ is alive when I die. If [NAME "A"] _____ is not alive when I die, and my [father/partner/friend/etc.] _____ [NAME "B"] is alive when I die, then I give all of my other property of any kind to [NAME "B"] _____.

B. If all of the people named in the above paragraph A die before me, I give the entirety of my estate to my Executor to keep or distribute in my Executor's sole and unreviewable discretion.

THIRD/FOURTH:

A. I appoint as my Executor [NAME and RELATION]

_____. If [Name of Executor]
_____ stops acting or fails to act as my Executor, I appoint
[NAME and RELATION] _____. If [Name of Executor]
_____ stops acting or fails to act as my Executor and
[Name of Secondary Executor] _____ stops acting or
fails to act as my Executor, I authorize [Name] _____
to appoint a person to act as my Executor. There must be a petition for court approval that is in
writing and filed with the court responsible for probate.

B. Any Executor of my estate will not be required to get and/or post bond for the faithful
performance of their duties as an Executor of this Will. Any Executor may quit acting as my
Executor by asking the court in writing for permission to do so and then receiving the court's
permission.

FOURTH/FIFTH: In performing their duties as my Executor, my Executor will have all
of the powers necessary to handle and distribute my property that I would have if I were living.

FIFTH/SIXTH: If, when I die, any of my children are still minors, I appoint [NAME and
RELATION] _____ as the guardian
of the person and the property. [NAME of Guardian]

_____ will serve without bond. If [NAME of
Guardian] _____ for any reason cannot serve as guardian
or stops serving as guardian, I appoint [NAME and RELATION]
_____ as successor guardian.

IN WITNESS WHEREOF, I have hereto set my hand and seal this ____ day of
[Month] _____, [Year] _____.

(L.S.)

This document, consisting of __ pages,
including this page, was signed, sealed,
published and declared by [NAME]
_____ as [NAME]'s
_____ Last Will and
Testament in our presence and hearing,
and we, at [NAME]'s _____
request, sign our names below while in
[NAME]'s _____ presence
and in the presence of each other as witnesses
this __ day of [MONTH] ____, [YEAR] _____.

Witness Signature: _____

Witness Signature: _____

Print Name: _____

Print Name: _____

Address: _____

Address: _____

Date: _____

Date: _____

STATE OF NEW YORK)
 : ss.:
COUNTY OF NEW YORK)

Each of the undersigned, individually and severally, being duly sworn, deposes and says:

The preceding document was signed in our presence and sight by [NAME]
_____, the within-named testator, on the ___th day of [Month]
_____, [Year] _____, at [Address] _____.

At the time of signing that document, [NAME] _____ declared the document to be [NAME]'s _____ Last Will and Testament.

Each of us signed our names as a witness at the end of [NAME]'s _____ Last Will and Testament, at the request of [NAME], in [NAME]'s _____ presence and sight and in the presence and sight of each other. At the time of signing that document, [NAME] _____ was over the age of eighteen years and, in my opinion, of sound mind, memory and understanding and not under any duress or in any respect incompetent to make a Will.

In my opinion, [NAME] _____ could read, write and converse in the English language and was not suffering from any physical or mental impairment that would affect [NAME]'s _____ capacity to make a valid Will. The document was executed as a single, original instrument and was not executed in counterparts.

I knew [NAME] _____ at the time of signing and make this affidavit at [NAME]'s _____ request.

I reviewed and examined the signatures of [NAME] _____ and the undersigned on the Last Will and Testament at the time this affidavit was made.

The Last Will and Testament was executed by [NAME] _____ and witnessed by each of the undersigned under the supervision of [Name of attorney] _____, an attorney-at-law.

Severally sworn to before me
this ___ day of [Month], [Year].

Notary Public

臨終遺囑-範例二：

Last Will and Testament

I, [NAME] _____, residing in the County and State of New York, (a) make, publish and declare this to be my Last Will and Testament and (b) revoke all Wills and Codicils made before by me.

FIRST: I request that my enforceable debts, and my funeral and administrative expenses, be paid as quickly as possible.

SECOND: I give all of my property of any kind to my Executor to distribute in my Executor's sole and unreviewable discretion. I have told my Executor my wishes but I understand that my Executor may keep or distribute the property as they decide.

THIRD/FOURTH:

A. I appoint as my Executor [NAME and RELATION]

_____. If [Name of Executor] _____ stops acting or fails to act as my Executor, I appoint [NAME and RELATION] _____. If [Name of Executor] _____ stops acting or fails to act as my Executor and [Name of Secondary Executor] _____ stops acting or fails to act as my Executor, I authorize [Name] _____ to appoint a person to act as my Executor. There must be a petition for court approval that is in writing and filed with the court responsible for probate.

B. Any Executor of my estate will not be required to get and/or post bond for the faithful performance of their duties as an Executor of this Will. Any Executor may quit acting as my Executor by asking the court in writing for permission to do so and then receiving the court's permission.

FOURTH/FIFTH: In performing their duties as my Executor, my Executor will have all of the powers necessary to handle and distribute my property that I would have if I were living.

FIFTH/SIXTH: If, when I die, any of my children are still minors, I appoint [NAME and RELATION] _____ as the guardian of the person and the property. [NAME of Guardian]

_____ will serve without bond. If [NAME of Guardian] _____ for any reason cannot serve as guardian or stops serving as guardian, I appoint [NAME and RELATION]

_____ as successor guardian.

IN WITNESS WHEREOF, I have hereto set my hand and seal this ____ day of [Month] _____, [Year] _____.

_____ (L.S.)

This document, consisting of ___ pages, including this page, was signed, sealed, published and declared by [NAME] _____ as [NAME]'s _____ Last Will and Testament in our presence and hearing, and we, at [NAME]'s _____ request, sign our names below while in [NAME]'s _____ presence and in the presence of each other as witnesses this ____ day of [MONTH] _____, [YEAR] _____.

Witness Signature: _____

Print Name: _____

Address: _____

Witness Signature: _____

Print Name: _____

Address: _____

Date: _____

Date: _____

SAMPLE ONLY

STATE OF NEW YORK)
 : ss.:
COUNTY OF NEW YORK)

Each of the undersigned, individually and severally, being duly sworn, deposes and says:

The preceding document was signed in our presence and sight by [NAME]
_____, the within-named testator, on the ___th day of [Month]
_____, [Year] _____, at [Address] _____.

At the time of signing that document, [NAME] _____ declared the document to be [NAME]'s _____ Last Will and Testament.

Each of us signed our names as a witness at the end of [NAME]'s _____ Last Will and Testament, at the request of [NAME], in [NAME]'s _____ presence and sight and in the presence and sight of each other. At the time of signing that document, [NAME] _____ was over the age of eighteen years and, in my opinion, of sound mind, memory and understanding and not under any duress or in any respect incompetent to make a Will.

In my opinion, [NAME] _____ could read, write and converse in the English language and was not suffering from any physical or mental impairment that would affect [NAME]'s _____ capacity to make a valid Will. The document was executed as a single, original instrument and was not executed in counterparts.

I knew [NAME] _____ at the time of signing and make this affidavit at [NAME]'s _____ request.

I reviewed and examined the signatures of [NAME] _____ and the undersigned on the Last Will and Testament at the time this affidavit was made.

The Last Will and Testament was executed by [NAME] _____ and witnessed by each of the undersigned under the supervision of [Name of attorney] _____, an attorney-at-law.

Severally sworn to before me
this ___ day of [Month], [Year].

Notary Public

說明：

以下是根據兩個範例訂立臨終遺囑的說明。

重要事項：除了說明所述情況之外，請勿新增或刪除遺囑的段落。如果您要進行其他變更，請先諮詢律師。沒有諮詢律師而進行更改可能導致您的臨終遺囑沒有法律效力。

範例一

- 若要訂立此文件，請在第一行輸入您的姓名，以確認這是您的臨終遺囑。「第一」部分是指您可能欠負的任何未償還債務，其中包括貸款（聯邦學生貸款除外）、未償信用卡債務、您已收到但尚未支付的服務帳單，以及可合法的賭債。債務也可能包括葬禮費用。我們建議您訂立一份清單，作為一份獨立文件，列出您可能欠負的任何債務（信用卡、貸款等），這能讓遺囑執行人（您在遺囑中所指定執行您的臨終遺囑的人）的工作更順利。
- 接著，您會看到「第二」部分。此部分可讓您指定特定的個人或實體（例如宗教團體或慈善團體）繼承特定的物件。在此，您要完整地描述每個物件和繼承該物件的個人或實體的名稱，這包括與您的關係，以及他們的地址和電話號碼。聯繫信息越多越好。
- 您可以根據想要在遺囑中列出的個人物件數量，在本部分中添加其他段落。範例包括兩個針對特定個人物件繼承的段落。如果需要增加其他段落，應遵循以下格式：

我的_____由我的[父親/伴侶/朋友/
等]_____ [姓名「丙方」、地址、電話號
碼]_____繼承

如果您只想列出一個特定物件，請刪除以下段落，因為在您的臨終遺囑中不應出現不完整的段落：

我的_____由我的[父親/伴侶/朋友/
等]_____ [姓名「乙方」、地址、電話號
碼]_____繼承

- 「第二/第三」部分涵蓋您並未指定任何個人或實體繼承的所有財產的法律用語，法律上，我們將此稱為「剩餘遺產」。該條款確保您的所有財產都得到考慮。您可以指定一個或多個個人或實體繼承您的剩餘遺產。

如上所示，請確保列出該個人的姓名、地址和電話號碼。您也可以指定次要收益人，若您指定的主要收益人比您先去世，次要收益人將能繼承您的剩餘財產。如果可能，我們建議指定次要收益人，但這不是必需的。如果這兩個人都比您先去世，那麼您的剩餘財產將由您指定的遺囑執行人（見下一段落），按情況分配。如果您不指定次要受益人，請刪除用於指定次要受益人和聯繫方式的段落。您要刪除的特定法律用語如下。

如果我死亡時，[姓名「甲方」]_____已經死亡，而我的[父親/伴侶/

朋友/等等]_____ [姓名「乙方」]仍在生，那麼[姓名「乙
方」]_____ 會繼承我的剩餘遺產。

範例二

- 在第一行輸入您的姓名，以確認這是您的臨終遺囑。「第一」部分是指您可能欠負的任何未償還債務，其中包括貸款（聯邦學生貸款除外）、未償信用卡債務、您已收到但尚未支付的服務帳單，以及可合法的賭債。債務也可能包括葬禮費用。我們建議您訂立一份清單，作為一份獨立文件，列出您可能欠負的任何債務（信用卡、貸款等），這能讓遺囑執行人（您在遺囑中所指定執行您的臨終遺囑的人）的工作更順利。
- 在「第二」部分，是您允許執行人分配您的所有財產的法律用語，而不是按範例一所示，逐項列出個人財產。

您可以自行決定範例一、還是範例二更符合您的需要。其餘的說明同時適用於範例一和範例二。

- 您將在始於第一頁末端，結於第二頁頂部的「第三/第四」部分，指定成為遺囑執行人的個人，以及他與您的關係。如果您決定指定次要執行人（雖然建議這麼做但這不是必須的），請在本段落中列出他的聯繫方式。如果您的主要和次要執行人因任何原因不能擔任您的遺囑執行人，您可以選擇指定第三人，他將負責任命某一個人成為您的遺囑執行人。
- 如果您沒有指定次要執行人，請刪除您要指定次執行人的姓名和聯繫方式的段落。您要刪除的特定法律用語如下。

如果[執行人姓名]_____ 終止或不能擔任我的遺囑執行人，我將
任命[姓名和關係]_____ 成為我的遺囑執行人。

- 如果您沒有指定第三個人為您任命某一個人成為遺囑執行人，請刪除您要指定此人的姓名和聯繫方式的段落。特定法律用語如下。

如果[執行人姓名]_____終止或不能擔任我的遺囑執行人
和[次要執行人姓名]_____終止或不能擔任我的遺囑執行人，我授權[姓名]_____任命個人擔任我的遺囑執行人。必須以書面形式提交請願書給負責遺囑認證的法院。

- 「第五/六」部分始於第二頁中間，您可以指定某人成為您未滿 18 歲的子女的監護人。您也可以指定次要監護人，以防主要監護人在您死亡時無法擔任子女的監護人。您在此部分所指定為監護人的個人應與您在委託監護權同意書文件中所指定的個人相同。如果您沒有未成年的子女，您可以刪除此部分。
- 如果第五/六部分不適用於您，請刪除此部分。完整部分如下所示：

第五/六部分：如果我死後，我的任何一個子女仍未成，我指定[姓名和關係]_____作為其人身和財產監護人。[監護人姓名]_____成為沒有親屬關係的監護人。如果[監護人姓名]_____出於任何原因，不能擔任監護人或終止擔任監護人，我指定[姓名和關係]_____作為繼任監護人。

- 您必須在兩位 18 歲以上的見證人在場的情況下簽署本文件。見證人不能是您的財產受益人。見證人不能是您的遺囑執行人。您和您的見證人必須在對方在場並有公證人在場的情況下簽署您的遺囑，公證人需要填寫附錄的第四頁。

一般而言，最好是在所有各方簽署並公證（又稱執行）後，將遺囑的正本交給您的遺囑執行人或其他第三方。如果您有次要遺囑執行人，您也可以考慮給他一份副本。您也應該將副本存放在安全且容易存取的地方，並且可以提供副本給您信任的親友。

生前遺囑

引言

甚麼是生前遺囑？

生前遺囑是一份法律文件，能保障您在病重不能自行作出決定時，得到合符意願的安寧療護。文件只會在您無法作出這些決定，和決定是否在病狀無法治療時使用維生設備（包括人工營養、藥物和補充水份），才會生效。您可以決定安寧療護的內容。**[注意：如果您心跳停止，「生前遺囑」與「不施行心肺復甦術」醫令（DNR）並不相同。您可以同時擁有這兩個文件，但這是兩個獨立的文件。]**

我需要生前遺囑嗎？

需要，不論我們的健康狀況、年齡，是否告知親人我們的安寧療護意願，我們都需要生前遺囑。雖然我們都對生命充滿憧憬，但天有不測之風雲。預立生前遺囑能確保您在臨終時能按意願得到最佳醫療，並使親人不必為您作出艱難的醫療決定。

如果我沒有預立生前遺囑，會發生甚麼情況？

如果您沒有預立生前遺囑，將根據州政府法律指定的個人（此人稱為「代理人（surrogate）」）作出相關醫療決定，包括您是否接受維生治療。州政府法律會根據優先順序指定代理人，優先順序從您的配偶或家庭伴侶（除非您法定分居），到其他法定關係（例如合法婚姻和血緣關係），然後在其他無法或拒絕作出決定時，才輪到親密的朋友。醫護人員會按照順序逐一諮詢，也就是說，如果成年子女結婚，父母就無法為其成年子女作出醫療決定。如果代理人名單上的人都無法聯繫，醫師可以作出任何醫療決定，無需向法院申請。

案例：

幾年前，Carter 被診斷患有末期疾病。Carter 在診斷後預立了生前遺囑，並將遺囑的正本交給他的兄弟 Andrew。Carter 的妻子 Gretta 因為他的病而非常難過，他知道 Gretta 會盡一切可能讓自己活下去。雖然 Carter 也很愛他的妻子，但他不想成為活死人。Carter 知道兄弟會確保他的願望得到尊重。Carter 的病很嚴重，不得不住院。Andrew 會向醫院出示 Carter 的生前遺囑。在 Carter 入院次天的早晨，他失去了意識。當天晚上，他開始呼吸困難。Carter 將無法恢復健康。Gretta 請醫師將丈夫接上呼吸機，輔助他呼吸。儘管 Gretta 希望丈夫接上呼吸機，希望他情況會改善，但醫師不能無視 Carter 的意願，必須遵守 Carter 的生前遺囑。

我需要準備甚麼？

花點時間思考甚麼安寧療護對您來說是重要的：

- 思考一下，甚麼情況下您會不想繼續生存，例如，如果您變成植物人。

- 思考一下，如果您還有一丁點恢復健康的機會，您會有不一樣的想法嗎。然後把您的決定都一一列出。這個清單可能包括，如果您患有末期疾病、無法恢復或無意識的情況下，您是否想要獲得維生所需的水分、營養和藥物。
- 您可能還要考慮是否要接受人工維生治療。您可能還要考慮是否要接受止痛藥物。
- 您的生前遺囑也可以包括，您死後是否願意捐贈器官和組織。

以下是兩份生前遺囑的範例，以及填寫說明。範例一包含有關安寧療護的特定法律用語。範例二是紐約州的前遺囑表格，可讓您選擇想要在臨終時接受的治療類型。請點擊[此處](#)，下載生前遺囑的可填寫 PDF，和點擊[此處](#)，下載紐約州生前遺囑的可填寫 PDF。

注意：為了確保您完全了解，並同意您所簽署的內容，您必須先將這些表格翻譯成您的母語，才能簽署。

生前遺囑-範例一：

INSTRUCTIONS RELATING TO MEDICAL TREATMENT AND DEATH -- REFUSAL OF FURTHER CARE

(“LIVING WILL”)

TO: My Family, My Lawyer, Any Treating Physician and Any Hospital, Nursing Home, Hospice or Other Health Care Facility in Which I Should Become a Patient and Any Individual Who May Become Responsible for My Health, Welfare or Affairs.

I, _____, am of sound mind and make this statement as an instruction to be followed if I become permanently unable to participate in decisions regarding my medical care. These instructions reflect my firm and considered commitment to refuse medical treatment under the circumstances described below.

A. Now, while I am fully lucid and competent, I exercise my right to refuse medical and surgical treatment in the event that I become incompetent and my condition becomes as described in the following paragraph. I exercise this right even though this REFUSAL of treatment will result in my death. I do not fear death itself as much as the indignities of deterioration, dependence and hopeless pain.

B. If at any time I become incompetent and my attending physician determines that:

- (1) I am in an irreversible coma or persistent vegetative state; or
- (2) I have been continuously unconscious for a period of one week, and I have suffered severe, irreversible brain damage which will make me permanently incompetent; or
- (3) my condition is terminal, incurable and irreversible and my death is likely to occur relatively soon, then, as of that time,

I refuse all further treatment of me by artificial means and devices, including procedures for nutrition and hydration, and all further therapeutic or emergency care that may prolong the process of dying.

I consent to the placement in my medical records of an order not to resuscitate (as defined in section 2961 of the Public Health Law) at the time of this refusal.

I recognize that my decision may cause me pain, so I direct that all available medication for the relief of pain and for my comfort be given to me, even if it causes me to become unconscious and/or shortens my life.

C. I give my treating physician the power to determine when this REFUSAL takes effect and to honor this REFUSAL with or without the approval, and even over the express objections, of one or more members of my family. I only ask that my physician makes this decision using the best medical judgment.

D. I am exercising my right to refuse medical and surgical procedures, although this decision will speed up my death. I have executed this REFUSAL after careful consideration. I hope that you who care for me will feel morally obligated to follow its instruction. I recognize that this appears to place a heavy responsibility on you, but I make this REFUSAL to relieve you of such responsibility and place it on myself.

IN WITNESS WHEREOF, I sign my name to these INSTRUCTIONS RELATING TO MEDICAL TREATMENT AND DEATH -- REFUSAL OF FURTHER CARE, this ____ day of [Month] _____, [Year] _____.

Signature

I, whose name is signed below, certify [NAME] _____, the above-named individual, signed their name to this document and declared it to be their INSTRUCTIONS RELATING TO MEDICAL TREATMENT AND DEATH -- REFUSAL OF FURTHER CARE while in my presence and while competent and lucid. At [NAME]'s request, I sign my name below while in [NAME]'s _____ presence and in the presence of the other attesting witness signed below.

Witness Signature: _____

Witness Signature: _____

Print Name: _____

Print Name: _____

Address: _____

Address: _____

Date: _____

Date: _____

紐約州生前遺囑-範例二：

New York Living Will

Page 1 OF 3

This is an important legal document. Read it carefully and talk about it with your doctor and family. It directs the medical treatment you are to receive in the event you are unable to participate in your own medical decisions and are terminally ill, in a permanently unconscious condition, or in a minimally conscious condition in which you are permanently unable to make decisions or express your wishes.

I, _____, being of sound mind, make this statement as a directive to be followed if I become unable to make my own health care decisions, as determined by the physician who has primary responsibility for my care. These instructions reflect my firm and settled commitment to decline medical treatment under the circumstances indicated below.

Health Care:

If I should be in an incurable or irreversible mental or physical condition with no reasonable expectation of recovery, including but not limited to: (a) a terminal condition; (b) a permanently unconscious condition; or (c) a minimally conscious condition in which I am permanently unable to make decisions or express my wishes, it is my wish that the following directions be followed by my health care provider.

While I understand that I am not legally required to be specific about future treatments if I am in the condition(s) described above I feel especially strongly about the following forms of treatment:

Directions: For each choice below: 1) Cross out any of these that you do want AND 2) write your initials next to any statement with which you agree:

____ I do not want Cardiopulmonary Resuscitation (CPR), and I want my health care provider to issue a Do Not Resuscitate (DNR) order (an order written in my medical records that CPR is not to be administered to me).

____ I do not want mechanical respiration.

____ I do not want artificial nutrition and/or hydration (provision of foods and fluids through tubes).

____ I do not want antibiotics.

____ I do not want dialysis-cleaning the blood by machine

____ I do not want blood transfusions/blood products

____ I do not want invasive diagnostic tests - flexible tube to look into the stomach

____ I do not want anti-psychotic medication

____ I do not want electric shock therapy

____ I do not want transplantation

____ I do not want abortion / sterilization

____ I do not want a pacemaker (non-cardiac related terminal or irreversible condition)

_____ I do not want surgery (you can define what surgery you do not want.)

_____ I do not want any other painful or invasive treatment that will result in prolonging my life.

_____ I DO want maximum pain relief, even if it may hasten my demise.

Other Instructions or Comments about My Care:

These directions express my legal right to refuse treatment, under the law of New York. I intend my instructions to be carried out unless I have rescinded them in a new writing or by clearly indicating that I have changed my mind.

Signed _____ Date _____

Address _____

Witnesses: Two witnesses must be 18 years of age or older and cannot be the health care agent or alternate.

I declare that the person who signed this document appeared to execute the Living Will willingly and free from duress. He or she signed (or asked another to sign for him or her) this document in my presence.

Witness 1:

Print Name: _____

Signature: _____

Address: _____

Tel. No.: _____

Witness 2:

Print Name: _____

Signature: _____

Address: _____

Tel. No.: _____

Optional: Organ and/or Tissue Donation

You may state wishes or instructions about organ and/or tissue donation on this form. A health care agent cannot make a decision about organ and/or tissue donation because the agent's authority ends upon your death. The law does provide for certain individuals in order of priority to consent to an organ and/or tissue donation on your behalf: your spouse, a son or daughter 18 years of age or older, either of your parents, a brother or sister 18 years of age or older, a guardian appointed by a court prior to the donor's death, or any other legally authorized person.

I hereby make an anatomical gift, to be effective upon my death, of (*write your initials next to the statement of your choice*):

- Any organs and/or tissues
- The following organs and/or tissues:

Limitations:

If you do not state your wishes or instructions regarding organ and/or tissue donation on this form, it will not mean that you do not wish to make a donation or prevent a person, who is otherwise authorized by law, to consent to a donation on your behalf.

Signed _____ Date: _____

Address: _____

說明：

生前遺囑-範例一

- 首先，在第一頁第一段的空白處填寫您的姓名。然後，在兩名 18 歲以上的見證人在場見證的情況下，在第二頁簽字並註明日期。之後，讓見證人在第三頁上簽名，寫下地址和文件日期。在您的見證人簽名的段落上，您的其中一位見證人需要在該段落第一行的空白處寫下您的姓名，然後再在該段落的倒數第二行寫下您的姓名。這是為了確認本文件是為您而準備，而且您有心理能力作出這些決定。
- 請將本文件的正本與重要文件一起保存。將副本交給您的醫療代理人和您的次要代理人（如果您已指定）。如果可以，請將副本交給您的主治醫師或最常為您看診的醫師。我們也建議您將副本放在冰箱門上，急救醫療人員的訓練中規定他們要檢查該處。

紐約州生前遺囑-範例二

- 首先，您要在第二段第一行的空白處填寫姓名。根據第一頁上的指示，在第二頁劃出第一頁下半部列出的、任何您願意接受的治療。如果您同意不想接受列出的治療，請在您同意的每項聲明旁簽下您的姓名字首縮寫。
- 在第二頁，請您想指出的醫療照護相關的任何其他指示。
- 然後，在兩位 18 歲以上的見證人在場見證的情況下，在「關於我的醫療護理的其他指示或評論」部分簽名、寫下日期和地址。簽署後，每位見證人都必須填寫第二頁底部的資料，在該頁面上，他們需要列印姓名、簽名、填寫地址和電話號碼。
- 第三頁可選擇性填寫，只有在您想捐贈器官或組織時才需要填寫。您可以選擇捐贈任何器官和/或組織，或僅限特定器官和/或組織。完成此可選部分後，您需要簽名、填寫日期和地址。

醫療代理授權書

引言

甚麼是醫療代理授權書？

醫療代理授權書是一份法律文件，您可以選擇某人作為您的「代理人」，在您無法自行作出決定時，替您作出醫療決定。與只涵蓋安寧療護的生前遺囑不同，醫療代理授權書涵蓋生命的各個階段。您為此選定的個人（通常稱為「代理人」或「醫療授權人」）只具有您授予他們的特定權限。如果您訂立了醫療代理授權書，醫療人員必須遵循代理人的決定，就像是您的決定一樣。本文件僅在兩位醫師確定您無法作出醫療決定後才生效。

我是否需要訂立醫療代理授權書？

本文件是確保您獲得所需治療的好方法。如果您與某些家庭成員持不同的價值，訂立醫療代理授權書就尤其重要。

如果您沒有醫療代理授權書，會發生甚麼情況？

如果沒有指定醫療代理人，會由州政府法律規定特定情況中，指定作出決定的個人。根據《家庭醫療決定法》，如果您在失去意識，在醫院或住院護理設施中，會由「代理人」來作出醫療決定。代理人的選定通常是依據重要的法定關係名單（例如合法婚姻、您的子女、父母和兄弟姐妹）。但最好不要依賴此名單，因為這樣代理人可能與您的價值觀非常不同，而且可能不知道您的意願。此外，依靠州政府法律可能會造成混亂，因為這些人可能在名單中有相同的優先次序，但可能對治療方案存在分歧。

案例：

Jordan 必須接受一個複雜的手術。雖然 **Jordan** 與父母的關係緊張，但 **Jordan** 告知了父母，他們會在手術後照顧 **Jordan**。不過，**Jordan** 已經訂立了醫療代理授權書，委任他最好的朋友，也是最有自信的 **Taylor**，擔任代理人。醫院的病歷包含 **Jordan** 的代理文件。手術很成功，但 **Jordan** 需要面對漫長的康復之路，至少幾個星期內無法溝通或作出決定。

Jordan 在恢復期間發生了感染，這可以通過一個小手術或服用抗生素來解決，這種抗生素會將恢復時間推遲幾個星期。在 **Jordan** 住院之前，**Jordan** 和 **Taylor** 討論過各種狀況，額外的手術就是其中一種。**Jordan** 還相信 **Taylor** 會代表他作出最好的決定，即使這種情況是他們之前沒有討論過的。**Taylor** 決定讓 **Jordan** 接受手術。**Jordan** 的父母不同意，並試圖向首席醫師求助，讓他們為 **Jordan** 作出醫療決定。但是，由於 **Jordan** 已經訂立醫療代理授權書，因此父母無權為 **Jordan** 作出醫療決定。

我需要準備甚麼？

- 花點時間思考一下，您能信賴哪個 **18** 歲以上的人為您作出醫療決定。在訂立代理授權書之前，請確保您與此人進行討論，以便他知道並同意承擔此角色。
- 在指定代理人之前，也請務必與他討論您的醫療偏好，包括您對維生設備、安寧療護、患病情況、健康情況、醫療保健機構、以及任何宗教信仰的看法。
- 您可能會想指定次要醫療代理人，如果您的主要代理人無法為您作出醫療決定時，該代理人將擔任此角色。
- 如果您決定指定次要代理人，請與他討論相同的話題，討論您的意願，以及代理人的職責。

下面是醫療代理授權書表格的兩份範例，以及如何填寫的說明。範例一是標準的紐約醫療代理授權書。範例二是自訂的醫療代理授權書，確保您的性別身份受到尊重，且沒有人能打擾您的治療，或違背您的意願到醫院拜訪您。請點擊[此處](#)，下載紐約州醫療代理授權書的可填寫 PDF，或者點擊[此處](#)下載自訂醫療代理授權書。

注意：為了確保您完全了解，並同意您所簽署的內容，您必須先將這些表格翻譯成您的母語，才能簽署。

紐約州醫療代理授權書-範例一：

Health Care Proxy

(1) I, _____
hereby appoint _____
(name, home address and telephone number)

as my health care agent to make any and all health care decisions for me, except to the extent that I state otherwise. This proxy shall take effect only when and if I become unable to make my own health care decisions.

(2) Optional: Alternate Agent
If the person I appoint is unable, unwilling or unavailable to act as my health care agent, I hereby appoint _____
(name, home address and telephone number)

as my health care agent to make any and all health care decisions for me, except to the extent that I state otherwise.

(3) Unless I revoke it or state an expiration date or circumstances under which it will expire, this proxy shall remain in effect indefinitely. *(Optional: If you want this proxy to expire, state the date or conditions here.)* This proxy shall expire *(specify date or conditions):* _____

(4) Optional: I direct my health care agent to make health care decisions according to my wishes and limitations, as he or she knows or as stated below. *(If you want to limit your agent's authority to make health care decisions for you or to give specific instructions, you may state your wishes or limitations here.)* I direct my health care agent to make health care decisions in accordance with the following limitations and/or instructions *(attach additional pages as necessary):* _____

In order for your agent to make health care decisions for you about artificial nutrition and hydration (nourishment and water provided by feeding tube and intravenous line), your agent must reasonably know your wishes. You can either tell your agent what your wishes are or include them in this section. See instructions for sample language that you could use if you choose to include your wishes on this form, including your wishes about artificial nutrition and hydration.

(5) Your Identification *(please print)*

Your Name _____

Your Signature _____ Date _____

Your Address _____

(6) Optional: Organ and/or Tissue Donation

I hereby make an anatomical gift, to be effective upon my death, of:
(check any that apply)

Any needed organs and/or tissues

The following organs and/or tissues _____

Limitations _____

If you do not state your wishes or instructions about organ and/or tissue donation on this form, it will not be taken to mean that you do not wish to make a donation or prevent a person, who is otherwise authorized by law, to consent to a donation on your behalf.

Your Signature _____ Date _____

(7) Statement by Witnesses *(Witnesses must be 18 years of age or older and cannot be the health care agent or alternate.)*

I declare that the person who signed this document is personally known to me and appears to be of sound mind and acting of his or her own free will. He or she signed (or asked another to sign for him or her) this document in my presence.

Date _____ Date _____

Name of Witness 1 *(print)* _____ Name of Witness 2 *(print)* _____

Signature _____ Signature _____

Address _____ Address _____



自訂醫療代理授權書-範例二：

HEALTH CARE PROXY

I, [NAME] _____, residing at [ADDRESS]
_____, pursuant to Article 29-C of the Public Health Law of
the State of New York, hereby appoint as my health care agent to make any and all health care
decisions for me, except to the extent I state otherwise:

NAME
ADDRESS
PHONE

(OPTIONAL) or, in the event that the above-listed individual is unable, unwilling or unavailable
to act as my health care agent,

NAME
ADDRESS
PHONE.

This Health Care Proxy will take effect if my attending physician determines that I am unable to
make my own health care decisions.

I intend that my health care agent be my personal representative within the meaning of, and have
all of the same rights as I would have under, the Health Insurance Portability and Accountability
Act of 1996 (“HIPAA”), 42 USC 1320d and 45 CFR 160-164.

I direct my agent to make health care decisions (i) in accordance with my wishes and instructions
as my agent knows or as stated in any “Living Will” that I have signed or may sign and (ii) in
accordance with my best interests if my wishes are not known and cannot be determined with
reasonable effort.

I authorize my agent to visit me in the event of my illness and to make decisions about who may
visit me. I also authorize my agent to bar individuals from visiting me, if my agent determines
that the visits of such individuals would make me unhappy or cause me pain.

I direct my agent to instruct any healthcare provider, medical staff, or other person to address me by my name _____ and preferred pronouns of _____, and to preserve to the fullest extent possible an appearance consistent with my gender identity.

I authorize my agent to remove me from any hospital to my home or to any other hospital, even if it is to another State.

I understand that, unless I revoke it, this health care proxy will remain in effect indefinitely and will not be affected by my subsequent disability or incompetence.

All terms used herein shall have the same meaning as when used in said Article 29-C of the Public Health Law.

IN WITNESS WHEREOF, I have signed my name here to this HEALTH CARE PROXY, this _____ day of [MONTH] _____, [YEAR] _____.

_____ (L.S.)

I declare, on this _____ day of [MONTH] _____, [YEAR] _____, that [NAME] _____ is personally known to me and appears to be of sound mind and acting willingly and free from duress; [NAME] _____ signed this document in my presence and I am not the individual appointed as agent by this document.

Witness Signature: _____

Witness Signature: _____

Print Name: _____

Print Name: _____

Address: _____

Address: _____

Date: _____

Date: _____

說明：

紐約州醫療代理授權書範例一：

- 填寫此表格時，請在第(一)行中填寫您的姓名，並在下方直接填寫您代理人的姓名和聯繫方式。如果您想指定次要代理人（建議這麼做，但不是必須的），您可以在(二)中填寫相關資訊。如果希望此代理授權書作為臨時代理授權書，即代理人的代理權在特定日期結束，則可以在(三)中列出該日期。但這不是必須的。如果您沒有在此部分中指定日期，您的代理人可以無限期地為您作出與醫療相關的決定（如果您無法自行作出這些決定時）。如果您想添加其它指示，例如限制您的代理人可以作出的醫療決定類型，或列出您已經能確定的特定醫療決定，請在(四)中列出這些指示，或新增單獨頁面。如果您新增單獨頁面，我們建議您在該頁面簽名和註明日期，並進行公證。請在(五)中列出您的完整聯繫方式。這是必須的。您可以在(六)中列出組織/器官捐贈的意願；這不是必須的。最後，兩位見證人必須見證您在(七)中您簽名，然後自己也簽署該文件。您的見證人不能是您的代理人。
- 在您的代理人和次要代理人（如果您有指定）簽署代理授權書後，每個代理人都保存一份代理授權書副本。請將授權書本正與重要文件放在冰箱門上，緊急醫療人員會檢查該處。如果可以，請給醫師一份副本。

自訂醫療代理授權書範例二：

- 請在第一頁頂部打印您的姓名和地址，以填妥此表格。在第一個段落的正下方，列出您要指定的代理人和次要代理人(如果您想有人作為替補)之個人的姓名、地址和電話號碼。如果您的姓名與出生證上的姓名不同，請在第二頁的頂部列出，接著，列出您偏好的性別代名詞。在第二頁底部，在以「在見證人的見證下」(IN WITNESS WHEREOF)開頭的部分，簽名和寫下日期。在接下的部分，您的一位見證人需要填寫日期、月份和年份，然後在第三行和第六行，以「我宣佈，在以下日期_____。」(I declare, on this _____ day.)為開頭的部分，空白處寫下您的姓名。兩位年滿 18 歲人的見證人（非您指定的代理人），必須見證您簽署本文件，然後簽名、填寫日期和地址。
- 在您的代理人和次要代理人（如果您有指定）簽署代理授權書後，每個代理人都保存一份代理授權書副本。請將授權書本正與重要文件放在冰箱門上，緊急醫療人員會檢查該處。如果可以，請給醫師一份副本。

持久授權書：

引言：

甚麼是持久授權書？

持久授權書可讓您以「委託人」的身分，委派您信任的「代理人」為您執行文件，並為您處理各種金融交易。您可以規定授權人有權作出的決定，例如以您的名義借出貸款、申請公共福利、從銀行帳戶提領款項、以及/或出售您的財產。您也可以指定文件是否立即生效，或是在未來某個事件發生之後生效(例如，在醫師表示您無法作出法律決定之後)。**非常重要**的一點是，與其他事前指示不同，一旦您和您的指定代理人執行持授權書後，即使您有精神能力，能夠自行作出決定，您的代理人也可以在不通知您的情況下，作出決定並存取您的財務帳戶。訂立持久授權書並不會阻礙您作出決定。這只是意味着您的代理人也可以根據您賦予他的權力作出決定，就像他是您一樣。

注意：從 2021 年 6 月 13 日開始，紐約州發布了新版授權書表格。如果您在 2021 年 6 月 13 日之前創建了紐約州的委託書表格，您的表格仍然有效，不需要再做新的表格。

如果您沒有訂立持久授權書，會怎樣呢？

沒有訂立持久授權書的個人如果無法處理財務或法律事務，他們的家人必須得到法院的許可，才能代表此人作出決定。如果沒有家人，法院將選擇另一個人或非營利組織作出這些決定。這個人或組織可能不是您認識的任何人，他們可能會作出跟您和您的家人不同的決定。

持久授權書需要考慮的特別事項：

由於本文件會賦予他人很大的權力，因此需要鄭重考慮是否需要訂立此文件。如果您不確定是否需要訂立持久授權書，或者不確定想授予代理人何種程度的權力，我們建議您與律師交談。如果您年滿 60 歲，或者您是艾滋病毒陽性人士，且您居住在曼哈頓 (Manhattan)、布魯克林 (Brooklyn)、皇后區 (Queens) 或史坦頓島 (Staten Island)，您可能也有資格使用律師服務或一般性建議。請隨時撥打紐約法律服務處 (Legal Services NYC) 熱線 917-661-4500，查詢是否有資格使用我們的服務。

案例：

Andre 最近因機車事故住院。Andre 的長期伴侶 Astryd 一直陪伴在側。Andre 預計會完全康復，但因為傷勢，Andre 進入了誘導昏迷狀態。不幸的是，Andre 的保險並不承保他的所有治療。Andre 透過雇主持有退休帳戶，並指定 Astryd 為受益人。Astryd 相信 Andre 會想用帳戶裏的錢來支付醫療費用。Astryd 聯絡退休帳戶公司。儘管 Astryd 擁有所有必要的信息，並被指定為 Andre 退休帳戶的受益人，但該公司告訴 Astryd，未經 Andre 的許可，他們不能與她談論 Andre 的帳戶或向她發放任何資金。

Astryd 感到沮喪，因為 Andre 處於昏迷狀態，不能自行作出任何決定。Astryd 向一位經理進行查詢，他解釋說，如果 Andre 沒有授權 Astryd 存取資金，她就無法進行提款。經理也解釋說，雖然 Astryd 是退休帳戶的受益人，但只有在 Andre 過世後，她才能存取這些資金。如果沒有授權書，Astryd 需要獲得法院命令才能存取 Andre 的退休帳戶。

我需要準備甚麼？

花點時間思考一下，您能信賴哪個 18 歲以上的人成為您的代理人。您需要確保代理人願意，並能夠擔任該角色。您也可以指定次要代理人，以便您的代理人因任何原因無法履行此角色時，由次要代理人為您採取行動。

重要事項：請注意，一份持久授權書表格一旦填妥、簽署和公證後，會立即生效，而不是在死後才生效。這表示您指定的代理人可以根據您賦予他們的權力，立即開始存取您的帳戶和財務資料。在填寫「持久授權書」表格之前，請務必閱讀完整的說明。

以下是持久授權書的範例，以及如何填寫的說明。請在[此處](#)，下載可填寫的持久授權書表格 PDF 版本。

注意：為了確保您完全了解，並同意您所簽署的內容，您必須先將這些表格翻譯成您的母語，才能簽署。

紐約州持久授權書範例：



New York State Bar Association
New York Statutory Short Form Power of Attorney, Eff. 6/13/21

POWER OF ATTORNEY NEW YORK STATUTORY SHORT FORM

(a) **CAUTION TO THE PRINCIPAL:** Your Power of Attorney is an important document. As the “principal,” you give the person whom you choose (your “agent”) authority to spend your money and sell or dispose of your property during your lifetime without telling you. You do not lose your authority to act even though you have given your agent similar authority.

When your agent exercises this authority, he or she must act according to any instructions you have provided or, where there are no specific instructions, in your best interest. “Important Information for the Agent” at the end of this document describes your agent’s responsibilities.

Your agent can act on your behalf only after signing the Power of Attorney before a notary public.

You can request information from your agent at any time. If you are revoking a prior Power of Attorney, you should provide written notice of the revocation to your prior agent(s) and to any third parties who may have acted upon it, including the financial institutions where your accounts are located.

You can revoke or terminate your Power of Attorney at any time for any reason as long as you are of sound mind. If you are no longer of sound mind, a court can remove an agent for acting improperly.

Your agent cannot make health care decisions for you. You may execute a “Health Care Proxy” to do this.

The law governing Powers of Attorney is contained in the New York General Obligations Law, Article 5, Title 15. This law is available at a law library, or online through the New York State Senate or Assembly websites, www.nysenate.gov or www.nyassembly.gov.

If there is anything about this document that you do not understand, you should ask a lawyer of your own choosing to explain it to you.

(b) **DESIGNATION OF AGENT(S):**

I, _____
(name of principal) (address of principal)

hereby appoint:

(name of agent) (address of agent)

(name of second agent) (address of second agent)

as my agent(s).



If you designate more than one agent above and you do not initial the statement below, they must act together.

() My agents may act SEPARATELY.

(c) DESIGNATION OF SUCCESSOR AGENT(S): (OPTIONAL)

If any agent designated above is unable or unwilling to serve, I appoint as my successor agent(s):

(name of successor agent)

(address of successor agent)

(name of second successor agent),

(address of second successor agent)

If you do not initial the statement below, successor agents designated above must act together.

() My successor agents may act SEPARATELY.

You may provide for specific succession rules in this section. Insert specific succession provisions here:

(d) This POWER OF ATTORNEY shall not be affected by my subsequent incapacity unless I have stated otherwise below, under “Modifications”.

(e) This POWER OF ATTORNEY DOES NOT REVOKE any Powers of Attorney previously executed by me unless I have stated otherwise below, under “Modifications.”

(f) GRANT OF AUTHORITY:

To grant your agent some or all of the authority below, either

- (1) Initial the bracket at each authority you grant, or
- (2) Write or type the letters for each authority you grant on the blank line at (P), and initial the bracket at (P). If you initial (P), you do not need to initial the other lines.

I grant authority to my agent(s) with respect to the following subjects as defined in sections 5-1502A through 5-1502N of the New York General Obligations Law:

- () (A) real estate transactions;
- () (B) chattel and goods transactions;
- () (C) bond, share, and commodity transactions;
- () (D) banking transactions;
- () (E) business operating transactions;
- () (F) insurance transactions;
- () (G) estate transactions;



- (H) claims and litigation;
- (I) personal and family maintenance: If you grant your agent this authority, it will allow the agent to make gifts that you customarily have made to individuals, including the agent, and charitable organizations. The total amount of all such gifts in any one calendar year cannot exceed five thousand dollars;
- (J) benefits from governmental programs or civil or military service;
- (K) financial matters related to health care; records, reports, and statements;
- (L) retirement benefit transactions;
- (M) tax matters;
- (N) all other matters;
- (O) full and unqualified authority to my agent(s) to delegate any or all of the foregoing powers to any person or persons whom my agent(s) select;
- (P) EACH of the matters identified by the following letters _____.

You need not initial the other lines if you initial line (P).

(g) CERTAIN GIFT TRANSACTIONS: (OPTIONAL)

In order to authorize your agent to make gifts in excess of an annual total of \$5,000 for all gifts described in (I) of the grant of authority section of this document (under personal and family maintenance), and/or to make changes to interest in your property, you must expressly grant that authorization in the Modifications section below. If you wish to authorize your agent to make gifts to himself or herself, you must expressly grant such authorization in the Modifications section below. Granting such authority to your agent gives your agent the authority to take actions which could significantly reduce your property and/or change how your property is distributed at your death. Your choice to grant such authority should be discussed with a lawyer.

I grant my agent authority to make gifts in accordance with the terms and conditions of the Modifications that supplement this Statutory Power of Attorney.

(h) MODIFICATIONS: (OPTIONAL)

In this section, you may make additional provisions, including, but not limited to, language to limit or supplement authority granted to your agent, language to grant your agent the specific authority to make gifts to himself or herself, and /or language to grant your agent the specific authority to make other gift transactions and/or changes to interests in your property. Your agent is entitled to be reimbursed from your assets for reasonable expenses incurred on your behalf. In this section, you may make additional provisions if you ALSO wish your agent(s) to be compensated from your assets for services rendered on your behalf, and you may define "reasonable compensation."

(i) DESIGNATION OF MONITOR(S): (OPTIONAL)

If you wish to appoint monitor(s), initial and fill in the section below:

I wish to designate _____, whose address(es) is (are) _____, as monitor(s). Upon the request of the monitor(s), my agent(s) must provide the monitor(s) with a copy of the power of attorney and a record of all transactions done or made on my behalf. Third parties holding records of such transactions shall provide the records to the monitor(s) upon request.



(j) COMPENSATION OF AGENT(S):

Your agent is entitled to be reimbursed from your assets for reasonable expenses incurred on your behalf. If you ALSO wish your agent(s) to be compensated from your assets for services rendered on your behalf, and/or you wish to define "reasonable compensation", you may do so above, under "Modifications".

(k) ACCEPTANCE BY THIRD PARTIES:

I agree to indemnify the third party for any claims that may arise against the third party because of reliance on this Power of Attorney. I understand that any termination of this Power of Attorney, whether the result of my revocation of the Power of Attorney or otherwise, is not effective as to a third party until the third party has actual notice or knowledge of the termination.

(l) TERMINATION:

This Power of Attorney continues until I revoke it or it is terminated by my death or other event described in section 5-1511 of the General Obligations Law.

Section 5-1511 of the General Obligations Law describes the manner in which you may revoke your Power of Attorney, and the events which terminate the Power of Attorney.

(m) SIGNATURE AND ACKNOWLEDGMENT:

In Witness Whereof I have hereunto signed my name on _____, 20__

PRINCIPAL signs here: ==> _____

STATE OF NEW YORK)
) ss:
COUNTY OF _____)

On the ___ day of _____, 20__, before me, the undersigned, personally appeared _____, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her capacity, and that by his/her signature on the instrument, the individual, or the person upon behalf of which the individual acted, executed the instrument.

Notary Public

(n) SIGNATURE OF WITNESSES:

By signing as a witness, I acknowledge that the principal signed the Power of Attorney in my presence and in the presence of the other witness, or that the principal acknowledged to me that the principal's signature was affixed by him or her or at his or her direction. I also acknowledge that the principal has stated that this Power of Attorney reflects his or her wishes and that he or she has signed it voluntarily. I am not named herein as an agent or as a permissible recipient of gifts.

Signature of Witness 1

Signature of Witness 2



Date

Date

Print name

Print name

Address

Address

City, State, Zip Code

City, State, Zip Code

(o) IMPORTANT INFORMATION FOR THE AGENT:

When you accept the authority granted under this Power of Attorney, a special legal relationship is created between you and the principal. This relationship imposes on you legal responsibilities that continue until you resign or the Power of Attorney is terminated or revoked. You must:

- (1) act according to any instructions from the principal, or, where there are no instructions, in the principal's best interest;
- (2) avoid conflicts that would impair your ability to act in the principal's best interest;
- (3) keep the principal's property separate and distinct from any assets you own or control, unless otherwise permitted by law;
- (4) keep a record of all transactions conducted for the principal or keep all receipts of payments and transactions conducted for the principal; and
- (5) disclose your identity as an agent whenever you act for the principal by writing or printing the principal's name and signing your own name as "agent" in either of the following manners: (Principal's Name) by (Your Signature) as Agent, or (your signature) as Agent for (Principal's Name).

You may not use the principal's assets to benefit yourself or anyone else or make gifts to yourself or anyone else unless the principal has specifically granted you that authority in the modifications section of this document or a Non-Statutory Power of Attorney. If you have that authority, you must act according to any instructions of the principal or, where there are no such instructions, in the principal's best interest.

You may resign by giving written notice to the principal and to any co-agent, successor agent, monitor if one has been named in this document, or the principal's guardian if one has been appointed. If there is anything about this document or your responsibilities that you do not understand, you should seek legal advice.

Liability of agent: The meaning of the authority given to you is defined in New York's General Obligations Law, Article 5, Title 15. If it is found that you have violated the law or acted outside the authority granted to you in the Power of Attorney, you may be liable under the law for your violation.



(p) AGENT'S SIGNATURE AND ACKNOWLEDGMENT OF APPOINTMENT:

It is not required that the principal and the agent(s) sign at the same time, nor that multiple agents sign at the same time.

I/we, _____, have read the foregoing Power of Attorney. I am/we are the person(s) identified therein as agent(s) for the principal named therein.

I/we acknowledge my/our legal responsibilities.

In Witness Whereof I have hereunto signed my name on _____ 20__

Agent(s) sign(s) here: ==> _____

==> _____

STATE OF NEW YORK)

)

ss:

COUNTY OF _____)

On the ____ day of _____, 20__, before me, the undersigned, personally appeared _____, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her capacity, and that by his/her signature on the instrument, the individual, or the person upon behalf of which the individual acted, executed the instrument.

Notary Public

(q) SUCCESSOR AGENT'S SIGNATURE AND ACKNOWLEDGMENT OF APPOINTMENT:

It is not required that the principal and the SUCCESSOR agent(s), if any, sign at the same time, nor that multiple SUCCESSOR agents sign at the same time. Furthermore, successor agents can not use this power of attorney unless the agent(s) designated above is/are unable or unwilling to serve.

I/we, _____, have read the foregoing Power of Attorney. I am/we are the person(s) identified therein as SUCCESSOR agent(s) for the principal named therein.

In Witness Whereof I have hereunto signed my name on _____ 20__

Successor Agent(s) sign(s) here: ==> _____

==> _____



STATE OF NEW YORK)
) SS:
COUNTY OF _____)

On the ____ day of _____, 20 __, before me, the undersigned, personally appeared _____, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her capacity, and that by his/her signature on the instrument, the individual, or the person upon behalf of which the individual acted, executed the instrument.

Notary Public

SAMPLE ONE

說明：

請細心閱讀表格和說明。如果您不了解任何事情、我們建議您與律師交談。持久授權書賦予您所指定為代理人許多權力。只有當您信任某人，能把自己的金錢、財物、醫療照護、利益和重大人生決定交予他處理時，您才應該指定這個人為您的代理人。不是每個人都需要訂立持久授權書的。如果您不確定是否應該訂立持久授權書，建議您諮詢律師。

- 請在第一頁**(b)**部分的「委託人的姓名」和「委託人的地址」行上簽名並寫下您的地址，以填妥本文件。
- 在下面，寫下您要指定為代理人的個人的姓名和地址。您可以指定多於一位代理人。但是，只有在您希望兩個代理人具有同等的決定權，才在此部分中列出第二個代理人的姓名和地址。如果您賦予兩個代理人同等的權力，請確定他們能夠順利合作，並能就為您所做的決定達成共識。如果想指定兩位代理人，且讓他們單獨為您作出決定，且不相互溝通，則必須在第 2 頁上方的**(c)**項旁的「我的代理人可以單獨採取行動」一欄中寫上您姓名的縮寫。但是，您不一定要在這部分指定兩個代理人，最好只指定一位代理人，以避免發生潛在的衝突。
- 如果您決定指定一位備選或繼任代理人，請在**(c)**部分中填寫其姓名和地址。只有在您的主要代理人無法或不會執行職責時，該繼任或次要代理人才可以代表您採取行動。同樣地，在本部分中，您可以將兩個代理人指定為具有同等決定權的代理人。但是，如上所述，如果您決定指定兩個代理人，請確保他們能夠很好地合作。如果不希望繼任代理人一起工作並擁有平等的決策權，您必須在**(d)**項上方 "我的代理人可以單獨行動" 旁邊的一行寫上您的姓名縮寫。同樣，為了避免任何衝突或問題，您只需將其中一個人指定為繼任代理人即可。**注意：**因為您不想指定繼任代理人，如果不填寫**(c)**節，應該在這一節中寫上 "有意省略"，以表明您不打算指定一個次要的人選，在您的主要代理人不能或不願意擔任這一角色的情況下介入。
- 第 2 頁中間的**(d)**部分提到了您的能力，如果您的意圖是不創建持久授權書，而是在失去精神能力時終止您的授權書。如果您不在**(h)**節中單獨制定一份文件，明確說明這一點，那麼即使您可能失去精神能力，您的授權書仍然有效。
- **(e)**節提到了您以前可能有的任何授權書表格。創建最新授權書不會自動撤銷任何現有的授權書，除非您在**(h)**節中填寫一份單獨文件，表達您想撤銷以前的授權書的意向。如果您現在有一份授權書，而您想撤銷它以便建立一份新的授權書，在如何填寫授權書表格的說明的最後，我們提供了進一步的信息，包括一份樣本。

注意：如果打算讓多份授權書同時生效，您應該向律師諮詢，以確保擁有多份文件不會對您的意願造成任何混淆。

- 在始於第 2 頁的底部，終於第 3 頁的頂端的**(f)**部分中，請在您希望代理人為您處理的每個選項旁，簡簽您姓名的首字母。然而，如果您希望自己的代理人對本節中所列的多個或所有選項擁有權力，您只需在第 3 頁的**(P)**旁邊簽名，然後在**(P)**旁邊的一行中寫上所列每個權力的字母。例如，如果您在**(P)**旁邊簽名，而您希望自己的代理人擁有**(A)**至**(D)**選項的權力，請在**(P)**旁邊的行中寫上**(A)**、**(B)**、**(C)**和**(D)**。**注意：**如果您打算讓自己的代理人代表

您進行財務捐贈，您**只需**寫上選項(I)。這包括對自己的代理人的財務饋贈。沒有要求您的代理人代表自己進行任何財務饋贈，以建立授權書。

- 第 3 頁(g)節允許但不要求您制定某些贈與條款，包括向您的代理人提供財務贈與，甚至對他們作為自己的代理人的服務進行補償，如果這是您的願望。同樣，包括您的代理人在內的任何人都**不需要**贈與或補償，以使您的授權書得以建立。**注意**：如果您打算完成這一部分，您需要在本文件(f)部分的選項(I)旁邊簡簽您姓名的首字母，或者如果您在本文件(f)部分的選項(P)旁邊簡簽您姓名的首字母，則將(I)作為一個選項。您還需要創建一份(h)節所述的單獨文件，概述您授予自己的代理人代表您進行的任何贈與的條款。如果您對這部分有疑問，建議您諮詢律師。**補充說明**：如果您不填寫這部分內容，您應該在這部分寫上 "有意省略"，以表明您不打算讓自己的代理人代表您進行任何財務饋贈。
- 如果您不想對自己的授權書進行任何修改，或提供更多**信息**，如補償您的代理人、撤銷以前的授權書、創建您希望自己的代理人代表您進行財務饋贈、創建/限制您給予代理人的權力、或在您失去精神能力時終止自己的授權書，您應該在(h)部分寫上 "有意省略"，以表明您不打算在這部分提供更多**信息**。**注意**：如果您想完成這部分內容，建議您與律師討論建議的語言。
- 如果您想指定某人來監督代理人的工作，請在第 3 頁底部的第(i)部分填寫此人的姓名和地址，並簡簽您姓名的首字母。如果您不想指定監督人，您應該在這部分寫上 "有意省略"，以表明您不打算填寫這部分內容。
- 您將在第 4 頁中間的(m)部分寫上日期並在公證員面前簽署自己的名字。**注意**：如果您不能為自己簽名，可以授權第三方在公證人面前代表您簽名。一旦您或第三方代表您簽署了日期，公證人就會對文件進行公證。
- 在您或第三方簽字時，您還需要**有兩名證人在場**，然後他們需要在第 4 頁底部和第 5 頁頂部的(n)部分簽字並填寫。**注意**：您的見證人必須年滿 18 歲，而且不是您所列的代理人，如果您選擇填寫表格的這些部分，他們也不能被指定為監督人或贈與接受人。您可以讓公證員作為第二證人。
- 您的代理人和您的繼任代理人也將需要出席。他們需要審查第 5 頁中間的(o)部分，並在公證員在場的情況下在第 5 頁上簽字，這份文件才會生效。

否則，此授權書將無效，您的代理人將無法為您做任何事情。然後，公證員必須簽字和公證。

- 您應該為自己、每個代理人（如果您有多個代理人），包括繼任代理人，以及監督人（如果您決定指定一個監督人）填寫一份原件。每份原件都應按上述規定進行公證。
- 如果你願意，歡迎你進行複印，並將其交給本文件中未提及的、但您希望隨時了解您意願的人。請確保將任何副本保存在**安全**和容易存取之處。
- **請注意**：如果您賦予代理人銀行帳戶的存取權限，請向您的銀行確認是否需要填寫銀行授權書。
- 如果您想撤銷以前創建的授權書，請填寫以下表格。在此下載可填寫的撤銷表格。
- 為完成這份表格，您要勾選 "其他" 一欄，並寫上您以前創建的授權書表格名稱。然後，要在第五行的 "我" 旁邊寫上您的名字，在第六行再次寫上授權書的名稱，然後在第七行填寫

您以前創建授權書的日期。然後，您將在第八行和第九行寫上您以前指定的代理人和繼任代理人（如果適用）的名字。您將在公證員面前填寫日期、打印並簽署您的名字，公證員將填寫第二頁。**注意：**請確保將本文件的副本提供給任何擁有您要撤銷的授權書副本的人，並將原件放在您的個人記錄中。

纽约授权书撤销：

NEW YORK POWER OF ATTORNEY REVOCATION

Use of this form is for the power of attorney of:

- Health Care Powers

- Financial Powers

- Other: _____

I, _____, hereby immediately revoke those portions covering decisions of the document titled _____, that I previously executed on the ___ of _____, 20___ which appointed _____ as my agent and _____ as my alternate successor agent. I hereby notify said agent(s) and any other interested persons and institutions that all portions of said document are revoked.

This revocation takes effect immediately. A photocopy has the same effect as an original.

This revocation was signed the ___ of _____, 20___.

Signature of Principal _____

Print Name _____

NOTE: Provide copies to anyone who may have copies of the Power of Attorney that is being revoked. Retain the original of this form in your personal papers.



NOTARY ACKNOWLEDGMENT

[State of New York

County of _____]

On this ___ day of _____, in the year 20___, before me

_____, a notary public, personally appeared

_____, proved on the basis of satisfactory evidence to be the

person(s) whose name(s) (is/are) subscribed to this instrument, and acknowledged

(he/she/they) executed the same.

Witness my hand and official seal.

Print Name _____

My Commission Expires on _____

(Seal)



委託監護權同意書

引言

甚麼是委託監護權同意書？

雖然這理論上不是事前指示，但委託監護權同意書是一份文件，允許父母或法定監護人在特定情況下為其子女指定臨時監護人。人們想指定一位待命監護人的情況有很多，包括被迫與您的子女分開時（例如移民拘留或被逮捕），或者如果父母失去了作出育兒決定的能力時，或者父母由於生病不能照顧子女時。待命監護權在特定情況發生後立即生效，但只持續 **60** 天，除非待命監護人向法院申請成為兒童的永久監護人。只有法院才能指定某人成為永久監護人，法院會「為了兒童的最大利益」作出這一裁決。沒有監護權的父母和其他親屬可向法院申請成為永久監護人。然而，委託監護權同意書有助於表明父母的願望和子女的最大利益。

如果您沒有訂立委託監護權同意書，會發生甚麼情況？

如果沒有訂立監護權授權書，沒有監護權的父親/母親將成為監護人。如果沒有監護權的父親/母親無法成為監護人，法院會選擇待命監護人（通常是兒童服務管理局[ACS]的人員）。此人將嘗試尋找願意成為孩子永久監護人的近親。如果有一名家庭成員願意，並能夠成為永久監護人，孩子通常會與該人一起生活。然而，這是一個漫長的過程，在沒有指定待命監護人的情況下，孩子往往會被送去寄養。

案例：

Madison 和前夫 Brian 在 Angelica 幾個月大的時候就收養了她。Madison 和 Brian 在 Angelica 兩歲時離婚，Brian 移居海外。Angelica 現年九歲。儘管 Brian 仍然是 Angelica 的合法父親，但 Angelica 四歲以後，他就沒有見過她，也沒有跟她說過話。作為一個單親媽媽，Madison 希望為女兒準備周全，如果她發生任何事故，也會有人照顧 Angelica。Brian 離開後，Madison 的朋友 Sophia 就像姊妹一樣對待她，協助 Madison 撫養 Angelica。Madison 希望 Sophia 成為 Angelica 的監護人，因為她覺得 Sophia 也很喜歡 Angelica，是照顧她的最佳人選。

Madison 諮詢了律師，律師告訴她，在 Angelica 未成年的情況下，如果 Madison 發生任何事故，可以通過訂立委託監護權同意書，將 Sophia 指定為臨時監護人。Madison 的律師解釋說，由於監護權只能維持 60 天，所以 Sophia 在這段時間內必須向家庭法院提出永久監護權申請。Madison 並不要指定暫時監護人，他相信 Sophia 是 Angelica 監護人的最佳人選。Madison 的律師解釋說，不能事先確定對兒童的監護權，必須由法院決定怎樣才是對 Angelica 最好的。律師還告訴 Madison，即使 Brian 想爭取監護權，法院還是會考慮對 Angelica 最利的各種因素。其中一個因素是，誰被指定為待命監護人。儘管這不是法院決定監護權的唯一因素，但法院在其裁決中將考慮這一重要因素。

我需要準備甚麼？

您應指定您信任的 **18** 歲以上的人來照顧您的子女。溝通非常重要：請務必與此人，及您的子女（如果年齡許可）溝通您的計劃。注意：被判犯有重罪的人通常不能成為待命監護人，但他們可以通過獲得「改造證明」解決這一問題，如果遇到此問題，請諮詢律師。待命監護人應該是美國公民或永久合法居民。

您需要甚麼才能訂立委託監護權同意書？

訂立委託監護權同意書，需要周全的考慮。您可以指定一名待命監護人和一名候補。溝通非常重要：您應該委託您信任的人，並與他們和您的子女（如果年齡許可）討論您的計劃。注意：任何被判犯有重罪，或未滿 **18** 歲的人，都不能成為待命監護人。

以下是委託監護權同意書的範例，以及如何填寫的說明。請在[此處](#)下載委託監護權同意書的可填寫 PDF。

注意：為了確保您完全了解，並同意您所簽署的內容，您必須先將這些表格翻譯成您的母語，才能簽署。

委託監護權同意書範例：

**DESIGNATION OF STANDBY GUARDIAN
PURSUANT TO SCPA § 1726**

I, _____, hereby designate (name, address, phone) _____
as standby guardian of the person and/or property of my child[ren]: (name, DOB) _____

The standby guardian's authority shall take effect if and when either: (1) my doctor concludes I am mentally incapacitated, and thus unable to care for my child[ren]; or (2) my doctor concludes that I am physically debilitated, and thus unable to care for my child[ren], and I consent in writing, before two witnesses, to the standby guardian's authority taking effect; or (3) upon my death. I also understand that my standby guardian's authority will expire sixty days after it starts, unless my standby guardian has petitioned the court to be appointed as guardian.

In the event the person I designate above is unable or unwilling to act as guardian for my child[ren], I hereby designate (name, address, phone) _____, as standby guardian of my child[ren].

I understand that I keep my parental rights even after the start of the standby guardian's authority, and I may revoke the standby guardianship at any time.

Signature: _____
Address: _____
Date: _____

I declare that the person who executed this document is personally known to me and appears to be of sound mind and acting of their free will. The person who executed this document signed this document in our presence. I further declare that I am at least eighteen years old and am not the person designated as standby guardian.

Witness Signature: _____	Witness Signature: _____
Print Name: _____	Print Name: _____
Address: _____	Address: _____
Date: _____	Date: _____

ACCEPTANCE AND ASSUMPTION BY STANDBY GUARDIAN: I hereby accept this appointment.

SIGNED this ____ day of _____, _____.
(Month) (Year)

(If a secondary standby guardian has been named that person must sign and date below.)

SIGNED this ____ day of _____, _____.
(Month) (Year)

Sworn to me this ____ day of _____, _____.
(Day) (Month) (Year)

NOTARY SIGNATURE

SAMPLE ONLY

說明

如果您有未成年子女，且您的配偶或共親父母沒有積極參與照顧與培養子女，您可能會想要訂立這份文件。

- 請在第一頁的第一行中填寫您的姓名，然後填寫您要指定為待命監護的個人的姓名、地址和電話號碼，以訂立委託監護權同意書。接著，填寫您子女的姓名和出生日期。如果您要指定次要監護人或待命監護人，請在第一頁的第三段中包含該人的信息。您需要在第四段簽名，並填寫地址和日期。您和被指定為待命監護人的個人需要在兩名見證人在場的情況下，簽署這份文件。見證人必須年滿 **18** 歲，且不得與待命監護人為同一人。本文件亦須公證，所有人均須在公證人面前簽署文件。
- 請確定待命監護人持本文件的正本。如果您指定了次要待命監護人，請讓該人知道此文件的存在，且待命監護人持有委託監護權同意書的正本。您可以將文件交給次要待命監護人，如果您願意，也可以把文件交給您信任的另一位家人或朋友。將自行保存一份文件，並放在安全且易於存取的地方。

檢查清單

下面列出了訂立臨終遺囑、生前遺囑、持久授權書、醫療代理授權書和委託監護權同意書所需的內容。

您可以指定同一人成為遺囑執行人、醫療代理人和代理人，只要被指定的個人同意擔任這些職務。如果您想替換遺囑執行人、醫療代理人或代理人，您也可以更新您的文件。如果您想要變更或撤銷（收回）任何這些文件，您可以隨時變更或撤銷。如果您居住在曼哈頓（Manhattan）、布魯克林（Brooklyn）、皇后區（Queens）或史坦頓島（Staten Island），並且年屆 60 歲或以上，或者艾滋病毒陽性人士，請隨時撥打紐約法律服務處（Legal Services NYC）熱線 917-661-4500，查詢是否有資格使用我們的服務。

現在，您對現有的各種文件有了更深入的了解，接下來應該考慮哪些文件最適合您。您也必須與家人和好友溝通，因為您可能會考慮請求他們擔任上述任一職務。

預立**臨終遺囑**和**生前遺囑**，您需要：

- 訂立需要由受益人繼承的財物的明細清單
- 每個受益人的姓名、地址和電話號碼
- 遺囑主要執行人（和次要執行人）的姓名、地址和電話號碼

訂立**持久授權書**，您需要：

- 您要指定為您的代理人（和次要代理人）的個人的姓名。請注意，您的代理人也需要在兩名公證人在場的情況下，與您一起簽署持久授權書

訂立**醫療代理授權書**，您需要：

- 您的代理人（和次要代理人）的姓名、地址和電話號碼。

訂立**委託監護權同意書**，您需要：

- 您要指定的監護人（和次要監護人）姓名、地址和電話號碼。

資源鏈接

以下是可填寫 PDF 文件的鏈接。請先將其下載到桌面，然後再填寫和保存文件。同樣地，為了確保您完全了解，並同意您所簽署的內容，您必須先將這些表格翻譯成您的母語，才能簽署。

- 臨終遺囑：
 - 臨終遺囑一 [在此處](#)
 - 臨終遺囑二 [在此處](#)

- 生前遺囑：
 - 生前遺囑 [在此處](#)
 - 紐約州生前遺囑 [在此處](#)

- 醫療代理授權書：
 - 紐約州醫療代理授權書 [在此處](#)
 - 自訂醫療代理授權書 [在此處](#)

- 持久授權書：
 - 持久授權書 [在此處](#)
 - 撤銷授權書 [在此處](#)

- 委託監護權同意書 [在此處](#)

紐約法律服務處

如果您居住在曼哈頓（Manhattan）、布魯克林（Brooklyn）、皇后區（Queens）或史坦頓島（Staten Island），並且年屆 60 歲或以上，或者是艾滋病毒陽性人士，請隨時撥打紐約法律服務處（Legal Services NYC）熱線 917-661-4500，查詢是否有資格使用我們的服務。

如果您居住在布朗克斯（Bronx），不符合使用免費法律服務的資格，或者如果您需要更複雜的事前指示協助，請參閱下列資料：

LawHelpNY.org

<https://www.citybarjusticecenter.org/projects/planning-and-estates-law-project/>

<https://www.lgbtbarny.org/get-legal-help>

<https://nysba.org/>

