

LIMITED POWER OF ATTORNEY

This Limited Power of Attorney is given on this _____ day of _____, 20____ by
_____ of _____,
(principal (address, city & state, country)

I appoint the following person: _____,
(name of attorney, agency)
of: _____
(address of attorney or agency)

(city and state)

to be my true and lawful attorney and give and grant said attorney full power and authority to do and perform on may behalf all and every act and thing necessary for the specific and limited purpose only of obtaining support/maintenance for

WITNESSED BY:

(Signature of Witness 1) (Signature of Witness 2) (principal's signature)

(Print name of Witness 1) (Print name of Witness 2)

(Address of Witness 1) (Address of Witness 2)

CERTIFICATION/VERIFICATION REQUIREMENTS:

- Countries Other than the U.S.: This document must be executed in accordance with local law.
- For Use by US Tribunals/Agencies Only: This Power of Attorney must be notarized.

The foregoing instrument was acknowledged by me this ____ day of _____, 20____ by: _____,
who is/are personally known by me or who has/have produced: _____ as identification and who did not take an oath.

County, State Notary Public Commission Expires