



# STATESIDELEGAL

Legal help for military members, veterans and their families

## Stateside Legal™ Living Will Sample Packet (Protections under the Servicemembers Civil Relief Act)

---

This self-help resource was created by the Stateside Legal Project. Stateside Legal provides these sample forms and information free of charge to individuals with military connections (IMC). These forms are not based upon any specific state law or jurisdiction. They are intended as samples of how to use the protections of the Servicemembers Civil Relief Act (SCRA) to assist active duty members of the military. **READ ALL INSTRUCTIONS IN THIS PACKET VERY CAREFULLY.**

**WARNING: LIVING WILLS AND GENERAL POWERS OF ATTORNEYS ARE VERY POWERFUL DOCUMENTS. CHOOSE YOUR AGENT VERY CAREFULLY.**

### PACKET CONTENTS:

Sample Living Will	2
Witness Signatures	3
Acknowledgement	4
Helpful Instructions	5

**MORE INFORMATION:** For information about the Servicemembers Civil Relief Act or many more topics concerning individuals with military connections, visit [www.statesidelegal.org](http://www.statesidelegal.org) or contact your local Judge Advocate General's Corps office, sometimes referred to as a military legal assistance office. Use the following website to locate the nearest one: <http://legalassistance.law.af.mil/content/locator.php>.

---

**DISCLAIMER:** *The Stateside Legal Information Series is produced by the Pine Tree Legal Assistance of Maine®, Arkansas Legal Services Partnership®, and the Legal Services Corporation®. These organizations promote or provide free legal services to eligible low-income people. Additional information can be found at [www.lsc.gov](http://www.lsc.gov). This sample form packet is given to you as a guide to help you generally understand the way legal matters are handled. Local courts interpret things differently. The information and statements of law contained in this fact sheet are not intended to be used as legal advice. Before you take any action, talk to an attorney and follow his or her advice. Always do what the court tells you to do.*

---

STATE OF \_\_\_\_\_ )  
 )  
COUNTY OF \_\_\_\_\_ )

**LIVING WILL DECLARATION**

If the time comes when I can no longer take part in health care decisions for my own future, let this statement stand as an expression of my wishes and my declaration while I am of sound mind. I, \_\_\_\_\_ a resident of the State of \_\_\_\_\_, being of sound mind and having reached the age of eighteen (18) years, do hereby make, publish and declare the following:

(a) If I should have an incurable or irreversible condition that will cause my death within a relatively short time, and I am no longer able to make decisions regarding my medical treatment, I direct my attending physician to withhold or withdraw life-sustaining treatments that are no longer necessary to my comfort or to alleviate pain and only prolongs the process of dying.

(b) If I should become permanently unconscious, I direct my attending physician, pursuant to withhold or withdraw life-sustaining treatments that are no longer necessary to my comfort or to alleviate pain.

(c) The following life-sustaining treatments may be withheld or withdrawn **IF** I am terminally ill and unable to make my own medical decisions **OR** if I am permanently unconscious. These life-sustaining treatments that may be withheld or withdrawn include, but are not limited to:

- Withholding or withdrawal of CPR (including cardiac compression);
- Endotracheal intubation and/or other advanced airway management, artificial ventilation, defibrillation, and related procedures/ respiratory support;
- Administration of antibiotics
- Artificially administered feeding and fluids
- Cardiac resuscitation
- Surgery

**PROXY DIRECTIVE:** I direct my attending physician to follow the instructions of \_\_\_\_\_, residing at \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, phone \_\_\_\_\_, as my Health Care Proxy, to make medical treatment decisions on my behalf consistent with my wishes.

DATED this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
NAME:  
ADDRESS:

**WE HEREBY BEAR WITNESS** that \_\_\_\_\_  
voluntarily signed the foregoing instrument in the presence of each of us and  
acknowledged to each of us that he had signed the foregoing instrument and requested us  
to sign our names as witnesses.

DATED \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

**WITNESS:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State Zip

**WITNESS:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State Zip



## **LAW YOU SHOULD KNOW**

A living will is an advance directive document. In some states, a living will may also be called a health care declaration or health care directive. It is an “advance” document because you state your wishes concerning medical treatment ahead of time. It is a “directive” because it allows you to choose medical treatments instead of family members or the hospital.

*A living will can provide critical information to your treating physician at a time when you may be unable to communicate your wishes.*

**IMPORTANT NOTICE:** Each state will have its own laws about Living Wills and other advance directives. This Sample Living Will may need to be modified or there may be a more suitable form provided to you through your state or your military installation.

## **WHO CAN MAKE A LIVING WILL?**

Adult patients of sound mind have the right to accept or refuse any medical or surgical treatment. This includes the right to accept or refuse treatment through a living will.

## **WHAT DO I DO AFTER I MAKE A LIVING WILL?**

After you have completed a Living Will, you should give copies to suitable family members, your health care providers, the person you chose as your health care proxy (agent) and anyone designated to retain such records on your military installation. Remember to review your Living Will as you age or if you have health changes.

## **HOW CAN I CANCEL MY LIVING WILL?**

You can cancel or revise your Living Will at any time. This can be done verbally (such as to your doctor) if there is not enough time to revise it in writing. Keep in mind that your wishes (if they can be communicated to the doctor) will override the Living Will.

**If you change your mind, all you have to do is say so.**

## **More Information:**

For information about Stateside Legal or many more topics about individuals with military connections, visit [www.statesidelegal.org](http://www.statesidelegal.org) or contact your local Judge Advocate General's Corps office.

*The Stateside Legal Project sincerely thanks you for your service to our country.*

**Updated:** July 2018