



## What to Expect PAD and DPOA for Young Adults

### STEP 1

---

Create an Account or Sign-in: Click on “create an account” and enter a valid email address and password. If you already have an account, sign-in with your MI Easy Forms account email address and password.

### STEP 2

---

Gather the following information:

**Your Legal Name and Email.**

**Your county of residence.**

**Your permanent address.**

**The name of the person that you want to designate as your Patient Advocate to make medical decisions if you are unable to participate in those decisions.**

**The name of the person that you want to designate as your Successor Patient Advocate if your first choice is unable or unwilling to fulfill the duties. (Not required, but recommended)**

**Your Medical Information. Any known allergies. Any diagnoses for a medical condition and the treatment you are under.**

**The name of the person that you want to designate as your Agent to handle your financial affairs.  
The name of the person that you want to designate as your Successor Agent if your first Agent is unavailable or unable to fulfill the duties. (Not required, but recommended)**

### STEP 3

---

Complete the questionnaire.

### STEP 4

---

Make a payment: Enter your email and credit or debit card information.

### STEP 5

---

Print or review the instructions and make any necessary changes to your questionnaire. If no changes are needed, print your documents, follow the instructions, and then sign in front of a notary. You will be given step-by-step instructions on how to complete this process.

---

