**POWER OF ATTORNEY FOR PERSONAL INJURY CLAIM**

**This Power of Attorney ("Agreement") is made and entered into on this [Day] of [Month], [Year], by and between:**

**Principal:** Name: [Client Name]  
Address: [Client Address]  
Phone: [Client Phone]  
Email: [Client Email]

**Attorney-in-Fact:** Name: [Attorney Name]  
Firm: [Attorney's Law Firm]  
Address: [Attorney's Address]  
Phone: [Attorney's Phone]  
Email: [Attorney's Email]

**1. APPOINTMENT OF ATTORNEY-IN-FACT**

I, [Client Name], the undersigned Principal, do hereby designate and appoint [Attorney Name] of [Attorney's Law Firm] as my true and lawful Attorney-in-Fact, with full power and authority to act in my name, place, and stead for the sole purpose of pursuing, prosecuting, and resolving any and all claims related to the personal injury I sustained as a result of the accident that occurred on [Accident Date].

**2. SCOPE OF AUTHORITY**

The Attorney-in-Fact is hereby granted full authority to act on my behalf in connection with all aspects of my personal injury claim, including, but not limited to, the following powers:

* Investigating the facts and circumstances of the accident, obtaining and reviewing all necessary evidence, including but not limited to medical records, police reports, and witness statements.
* Communicating and corresponding with insurance companies, opposing parties, legal representatives, and any other relevant entities or individuals.
* Initiating, filing, and managing any legal proceedings, including lawsuits, as necessary to prosecute the personal injury claim.
* Negotiating settlements and accepting or rejecting settlement offers on my behalf.
* Executing and delivering any and all documents necessary for the prosecution or resolution of the claim, including, without limitation, medical authorizations, pleadings, motions, and settlement agreements.
* Receiving, endorsing, and disbursing any settlement proceeds or funds awarded by judgment, ensuring the payment of legal fees, medical expenses, and other costs associated with the resolution of the claim.

**3. LIMITATIONS ON AUTHORITY**  
The Attorney-in-Fact shall not have the authority to:

* Settle or compromise the personal injury claim without my prior written consent if the settlement amount is less than [specify the amount, e.g., $X].
* Execute or deliver any documents that transfer, assign, or release any of my personal assets or property not directly related to the resolution of the personal injury claim.

**4. DURATION OF POWER OF ATTORNEY**

This Power of Attorney shall take effect immediately upon execution and shall remain in full force and effect until the earliest of the following events:

* The personal injury claim is fully resolved, whether by settlement, judgment, or dismissal, and all matters related thereto have been concluded.
* I provide written notice of revocation to the Attorney-in-Fact, expressly terminating this Power of Attorney.

**5. COMPENSATION**

The Attorney-in-Fact shall be compensated for all legal services rendered pursuant to this Power of Attorney in accordance with the terms and conditions set forth in the Retainer Agreement executed by the parties on [Retainer Agreement Date].

**6. REVOCATION**

I reserve the right to revoke this Power of Attorney at any time by delivering written notice of such revocation to the Attorney-in-Fact. Any revocation shall not affect the validity of any actions lawfully taken by the Attorney-in-Fact prior to the receipt of such notice.

**7. GOVERNING LAW**

This Power of Attorney shall be governed by, and construed in accordance with, the laws of [Jurisdiction], without giving effect to any principles of conflicts of law that would require the application of the laws of another jurisdiction.

**8. SIGNATURES**  
By signing below, I agree to the terms and conditions set forth in this Power of Attorney.

Principal:

[Client Name]  
Date: [Date]

Attorney-in-Fact:

[Attorney Name]  
Date: [Date]

Witness 1:

[Witness Name]  
Date: [Date]

Witness 2:

[Witness Name]  
Date: [Date]