

**The**  
**California Department of Public Health**  
**Office of AIDS**  
**AIDS Drug Assistance Program**

**Revocation of**  
**Special Power of Attorney**

**2016**



# Revocation of Special Power of Attorney

I, \_\_\_\_\_ ,  
of sound mind and of my own free will, hereby revoke the AIDS Drug Assistance Program (ADAP) Special  
Power of Attorney dated \_\_\_\_\_ , under which \_\_\_\_\_  
was appointed to act on my behalf for the purpose of conducting my ADAP-related affairs. I declare that the  
power and authority conferred by the ADAP Special Power of Attorney is now revoked and withdrawn by me  
and effective immediately. Dated \_\_\_\_\_ , at \_\_\_\_\_ , CA.

\_\_\_\_\_  
*(Client Signature)*

Witness Signature: \_\_\_\_\_

Witness Name Printed: \_\_\_\_\_

Address: \_\_\_\_\_

Date: \_\_\_\_\_

## Important Note

The Revocation of Power of Attorney must be signed by you AND it must be presented to the agent in order to provide evidence of your intent to revoke the ADAP Special Power of Attorney.

Because the agent must be given a copy of the Revocation, it is recommended that the Revocation be mailed to the agent via certified mail. If you don't send the Revocation of Power of Attorney notice by certified mail with a return receipt, you don't have proof the notice was given to the agent. Alternately, a copy of the Revocation may be hand delivered to the agent, in which case, the agent should sign a receipt acknowledging that the agent received the Revocation.

You should retain a copy of the Revocation of ADAP Special Power of Attorney document for your files, as well as any evidence that the agent received the original copy of the Revocation.

### Mail This Form to:

Office of AIDS, MS 7700, P.O. Box 997426, Sacramento, CA 95899-7426