

Power of Attorney for Health Care Document/ Cov Ntaub Ntawv Tso Cai Cia Saib Xyuas Mob Nkeeg

Name/ Lub Npe: _____
First/Lub Npe
Middle/Npe Nruab Nrab
Last/Lub Xeem

Date of Birth/Hnub Yug: _____

Address/Chaw Nyob: _____

Telephone/Xovtooj: (_____) _____ Cell/Xovtooj ntawm tes: (_____) _____

Work/Xovtooj ntawm tes (_____) _____

Document made this/Hnub ua cov ntaub ntawv no _____ day of/hnub
 _____ (month)/(hli), _____ (year)/(xyoo).

I, _____, being of sound mind, intend by this document to create a Power of Attorney for Health Care. My executing this power of attorney is voluntary. I expect to be fully informed about and allowed to participate in health care decisions for myself as long as I have the capacity to do so. For the purposes of this document, health care decision means an informed decision to accept, maintain, discontinue, or refuse any medical care.

Kuv, tab tom sau hais rau hauv daim ntawv no tias cia pub sau ib Daim Ntawv Tso Cai Cia Saib Xyuas Mob Nkeeg. Kev sau daim ntawv tso cai cia saib xyuas mob nkeeg no yog kev yeem dawb ntawm kuv tus kheej xwb. Kuv xav qhia tag nrho rau ntawm no thiab kuv yeej tau txiav txim kom muab kev saib xyuas mob nkeeg rau kuv tus kheej raws li qhov kuv tuaj yeem ua tau. Lub homphiaj ntawm daim ntawv no yog qhov kev txiav txim siab cia saib xyuas mob nkeeg uas txhais tau tias yog ib qho kev txiav txim siab uas yeej pom zoo lawm, xav kom tuav tseg, tsis kam tso cai mus ntxiv, lossis tsis kam lees cia khomob.

Copies of this document have been given to:

1. _____
2. _____
3. _____
4. _____
5. _____

Muab cov ntaub ntawv theej ntawm daim ntawv no xa rau:

If a new document is created, all previous copies should be replaced with a copy of the new one.

Yog tau sau ib daim ntawv dua tshiab, yuav tsum muab txhua daim ntawv theej tso nrog rau ib daim ntawv sau tshiab.

Notice to Person Making this Document:

You have the right to make decisions about your health care. No health care may be given to you over your objection, and necessary health care may not be stopped or withheld if you object.

In some cases your health care providers may not have had the opportunity to establish a long-term relationship with you and are often unfamiliar with your beliefs and values and the details of your family relationships. This poses a problem if you become physically or mentally unable to make decisions about your health care.

In order to avoid this problem, you may sign this legal document to specify the person whom you want to make health care decisions for you if you are unable to make those decisions personally. That person is known as your health care agent. You should take some time to discuss your thoughts and beliefs about medical treatment with the person or persons whom you have specified.

You may state in this document any types of health care that you do or do not desire, and you may limit the authority of your health care agent. If your health care agent is unaware of your desires with respect to a particular health care decision, he or she is required to determine what would be in your best interests in making the decision.

This is an important legal document. It gives your agent broad powers to make health care decisions for you. It revokes any prior power of attorney for health care that you may have made. If you wish to change your power of attorney for health care, you may revoke this document at any time by destroying it, by directing another person to destroy it in your presence, by signing a written and dated statement or by stating that it is revoked in the presence of two witnesses. If you revoke, you should notify your agent, your health care providers and any other person to whom you have given a copy. If your agent is your spouse and your marriage is annulled or you are divorced or your domestic partnership

Ceeb Toom rau Tus Neeg Uas Sau Daim Ntawv No:

Koj muaj cai txiav txim siab txog qhov kev saib xyuas mob nkeeg rau kuv. Tej zaum yuav tsis muab kev saib xyuas mob nkeeg rau koj yog koj tsis pom zoo thiab yuav tsis tso tseg lossis ceeb tseg los muab kev saib xyuas mob nkeeg tseem ceeb rau koj txawm tias koj yuav tsis pom zoo los xij.

Nyob rau qee kis tej zaum koj cov kws saib xyuas mob nkeeg yuav tsum tsis nrhiav sijhawm los saib xyuas koj mus ntev thiab tej zaum lawv yuav tsis paub zoo txog koj qhov kev ntseeg thiab yam tseem ceeb ntsig txog feem kev sib raug zoo ntawm koj tsev neeg. Qhov no yuav ua rau muaj teeb meem tau yog koj lub cev tsis taus lawm lossis tsis tuaj yeem txiav txim siab txog qhov saib xyuas mob nkeeg rau koj.

Yuav zam qhov teeb meem no, tej zaum koj yuav tau kos rau hauv daim ntawv no tias koj pom zoo cia ib tug neeg uas yog tus sawv cev txiav txim siab cia saib xyuas mob nkeeg rau koj thaum kis uas koj tus kheej tsis tuaj yeem txiav txim siab tau lawm. Tus neeg ntawd ib txwm yeej yog tus neeg sawv cev saib xyuas mob nkeeg ntawm koj. Tej thaum koj yuav tau tham txog koj qhov kev xav thiab qhov kev ntseeg txog kev khomob nrog rau tus neeg no lossis cov neeg uas koj tau hais tseg no.

Tej zaum koj yuav tau qhia txog hom kev saib xyuas mob nkeeg rau hauv daim ntawv no tias koj xav tso cai lossis tsis xav tso cai thiab txwv qee yam tso cai rau tus neeg sawv cev cia txiav txim siab kom saib xyuas mob nkeeg rau koj. Yog tus neeg sawv cev saib xyuas mob nkeeg rau koj tsis hais kom muab kev saib xyuas mob nkeeg raws li koj lub siab xav, nws yuav tau txiav txim tias puas tsim nyog cia koj yog tus txiav txim.

Nod yog cov ntaub ntawv raug raws cai tseem ceeb. Nws ua rau koj tus neeg sawv cev muaj cai txiav txim siab saib xyuas mob nkeeg rau koj. Mws yuav thim tau tej qho kev tso cai saib xyuas mob nkeeg uas koj tau hais ua ntej. Yog koj xav hloov daim ntawv tso cai cia saib xyuas mob nkeeg no, koj tuaj yeem muab daim ntawv no dhua pov tseg tau txhua lub sijhawm, los yog hais kom ib tug neeg muab nws dhua pov tseg rau koj pom, los yog sau ib daim ntawv qhia lossis ob tug neeg uas ua pov thawj thim nkawd qhov tau pom zoo. Yog koj thim, koj yuav tsum ceeb toom rau koj tus neeg sawv cev, cov kws saib xyuas mob nkeeg thiab lwm tus neeg uas koj tau theej daim ntawv no rau nws. Yog tus neeg sawv cev ntawm koj yog koj

is terminated after signing this document, the document is invalid.

You may also use this document to make or refuse to make an anatomical gift upon your death. If you use this document to make or refuse to make an anatomical gift, this document revokes any prior document of gift you may have made. You may revoke or change any anatomical gift that you make by this document by crossing out the anatomical gifts provision in this document.

Do not sign this document unless you clearly understand it.

Part I – Appointing a Health Care Agent

If I am no longer able to make health care decisions for myself, this document names the person I choose as my agent to make these choices for me. This person will make my health care decisions if I am determined to be incapable to make health care decisions as defined by state law.

For the purpose of this document, 'incapacity' exists if two physicians or a physician and a psychologist have personally examined me and signed a statement that specifically expresses their opinion that I am unable to receive and evaluate information effectively or to communicate decisions. A copy of that statement must be attached to this document. If I am unable, due to my incapacity, to make health care decisions, my health care agent is instructed to make health care decisions for me, but my health care agent should try to discuss with me any specific proposed health care if I am able to communicate in any manner, including by blinking my eyes.

tus txij nkawm thiab neb yeej sib tso tseg lawm lossis neb yeej sib nrauj lawm lossis neb yeej tsis nyob ua ke lawm tom qab kos daim ntawv tso cai no, xam tau tias daim ntawv no siv tsis tau lawm.

Tej zaum koj yuav siv daim ntawv no los hais lossis tsis kam lees muab ib yam ntawm koj lub cev pub rau lwm tus thaum koj tuag. Yog koj siv daim ntawv no txiav txim lossis tsis kam lees muab ib qho ntawm koj lub cev pub rau lwm tus, daim ntawv no tuaj yeem thim tau txhua yam uas koj tau txiav txim ua ntej dhau los lawm. Tej zaum koj yuav thim lossis hloov qhov muab ib qho ntawm koj lub cev pub rau lwm tus raws li qhov koj sau rau hauv daim ntawv no los ntawm kos rau nqe uas muab ib qho ntawm koj lub cev pub rau lwm tus.

Tsis txhob kos rau daim ntawv no yog koj tseem tsis nkag siab zoo.

Phaj I – Kev Teeb Tsa ib Tug Neeg Sawv Cev Saib Xyuas Mob Nkeeg

Yog thaum twg kuv tsis tuaj yeem txiav txim siab saib xyuas mob nkeeg rau kuv tus kheej lawm, kuv xaiv cov neeg uas muaj npe no ua kuv cov neeg sawv cev los txiav txim tam rau kuv. Tus neeg no yuav txiav txim siab kom muab kev saib xyuas mob nkeeg rau kuv yyog thaum kuv tsis taus lawm raws li sau tseg rau hauv txoj cai lij choj.

Lub homphiaj ntawm daim ntawv tso cai hais txog kis 'tsis taus' yog ob tug kws kuaj mob lossis ib tug kws kuaj mob thiab ib tug kws npliag siab tau kuaj kuv thiab pom tias kuv yeej tsis taus lawm thiab cov ntaub ntawv tshuaj ntsuam yeej raug lawm lossis yeej qhia tias yuav tau muaj tus los txiav txim siab. Yuav tsum muab ib daim ntawv hais txog cov lus no tso nrog rau hauv daim ntawv tso cai no. Yog kuv tsis taus lawm, vim kuv tsis muab cuab kav los txiav txim siab saib xyuas mob nkeeg, tus neeg sawv cev saib xyuas mob nkeeg ntawm kuv yuav yog tus los txiav txim siab tam rau kuv, tab sis tus neeg sawv cev no yuav tsum tham txog qhov kev saib xyuas mob nkeeg no nrog kuv yog kuv tseem sib taus, suav txog thaum kuv tseem ntsais muag taus.

Note: When selecting someone to be your health care agent, choose someone who knows you well, whom you trust, who is willing to respect your views and values, agrees to carry out your wishes, and is able to make difficult decisions in stressful situations. Take time to discuss this document and your views with the person you pick to be your health care agent and give him or her a copy of this document. Your health care agent must be at least 18 years of age and should not be your health care provider, an employee of that health care provider, an employee of a health care facility in which you are a patient or resident, or a spouse of any of those providers or employees, unless the health care provider, employee or spouse of the provider or employee, is your relative.

Nco tseg: Thaum xaiv ib tug neeg los ua tus neeg sawv cev saib xyuas mob nkeeg ntawm koj, yuav tsum xaiv tug neeg uas koj paub nws zoo, tus neeg uas koj ntseeg siab, tus neeg uas ua raws li koj xav thiab ua raws li qhov koj ntseeg, tus neeg uas pom zoo ua raws li qhov koj xav tau, thiab tuaj yeem txiav txim siab tau txog tej kis nyuaj. Nrhiav lub sijhawm tham txog daim ntawv tso cai no thiab qhov koj xav nrog tus neeg uas koj xaiv los ua tus neeg sawv cev saib xyuas mob nkeeg ntawm koj thiab muab ib daim ntawv theej rau nws. Koj tus neeg sawv cev saib xyuas mob nkeeg yuav tsum muaj hnuv nyoog tsawg kawg 18 xyoo thiab yuav tsum tsis yog ib tug neeg ua haujlwm rau tus kws kuaj mob, ib tug neeg ua haujlwm rau ib lub chaw kuaj mob uas koj yog lawv tus neeg mob lossis nyob hauv lawv lub chaw kuaj mob, lossis ib tug txij nkawm ntawm cov kws kuaj mob lossis cov neeg ua haujlwm no, tshwj tsis yog koj tus kws kuaj mob, tus neeg ua haujlwm lossis tus txij nkawm ntawm tus kws kuaj mob lossis tus neeg ua haujlwm no yog koj cov kwv tij.

The person I name as my health care agent is/Tus neeg uas kuv xaiv ua tus neeg sawv cev saib xyuas mob nkeeg lub npe yog:

Name/Lub Npe: _____ Relationship/Kev txheeb ze: _____

Address/Chaw Nyob: _____

Phone/Tus Xovtooj: Home/Hauv Tsev: () _____ Cell/Xovtooj ntawm tes: () _____

Work/Tom chaw ua haujlwm () _____

If the health care agent listed above is ever unable or unwilling to do so, then I name as my health care agent/Yog koj tus neeg sawv cev saib xyuas mob nkeeg uas muaj npe raws li hais los saum toj saud tsis muaj cuab kav lossis tsis tuaj yeem ua tau raws li hais ces tus neeg uas kuv hais npe ntawm no yog tus neeg sawv cev saib xyuas mob nkeeg ntawm kuv:

Name/Lub Npe: _____ Relationship/Kev txheeb ze: _____

Address/Chaw Nyob: _____

Phone/Tus Xovtooj: Home/Hauv Tsev: () _____ Cell/Xovtooj ntawm tes: () _____

Work/Tom chaw ua haujlwm () _____

If neither of the health care agents listed above is ever unable or unwilling to do so, then I name as my health care agent/Yog koj cov neeg sawv cev saib xyuas mob nkeeg uas muaj npe raws li hais los saum toj saud tsis muaj cuab kav lossis tsis tuaj yeem ua tau raws li hais ces tus neeg uas kuv hais npe ntawm no yog tus neeg sawv cev saib xyuas mob nkeeg ntawm kuv:

Name/Lub Npe: _____ Relationship/Kev txheeb ze: _____

Address/Chaw Nyob: _____

Phone/Tus Xovtooj: Home/Hauv Tsev: () _____ Cell/Xovtooj ntawm tes: () _____

Work/Tom chaw ua haujlwm () _____

Part II – General Authority of the Health Care Agent

Subject to any limitations in this document, if I ever have incapacity, my health care agent has the authority to request and review all information, oral and written, regarding my physical and mental health. This includes signing consent forms to release any medical information to other parties. I will discuss my desires with my health care agent and believe he or she is willing to carry them out.

Phaj II – Qhov Muaj Cai ntawm Tus Neeg Sawv Cev Saib Xyuas Mob Nkeeg

Hais txog feem raug txwv qee yam nyob hauv daim ntawv tso cai no, yog koj ib txwm yeej tsis taus, tus neeg sawv cev saib xyuas mob nkeeg ntawm kuv muaj cai thov thiab saib xyuas cov ntaub ntawv, muaj cai hais thiab sau ntawv rau kuv tus kws kuaj mob thiab tus kws khomob hlwb. Tej no suav txog cov ntaub ntawv pom zoo cia muab txhua yam ntaub ntawv khomob tshaj tawm lwm feem neeg sab nrauv. Kuv yuav tham txog qhov kuv xav tau nrog tus neeg sawv cev saib xyuas mob nkeeg ntawm kuv thiab kuv ntseeg tias nws yeej yuav ua raws li tej hais ntawd.

Note: Please check yes or no in the boxes below. If you do not mark a box in a section and make no clear choice, Wisconsin law states that your choice is considered to be "No".

1. Admission to a nursing home or community based residential facility (CBRF):

My health care agent has authority to allow admission to a facility to receive long term nursing care if necessary. (Note: A health care agent automatically has authority to allow admission to a facility for short-term stays.)

- | | | |
|------------------------------|-----------------------------|--------------------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Nursing Home |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Community Based Residential Facility |

2. Provision of a feeding tube:

My health care agent has authority to have a feeding tube or IV hydration withheld or withdrawn from me, unless my physician has advised that in his or her professional judgment this will cause me pain or will reduce my comfort.

- Yes No

3. Making decisions if I am pregnant:

My health care agent has authority to make decisions for me if I am pregnant.

- Yes No NA

Limitations on Mental Health Treatment

My health care agent may not admit or commit me on an inpatient basis to an institution for mental diseases, to an intermediate care facility for persons with mental retardation, or a state treatment facility. My health care agent may not consent to experimental mental health research or psychosurgery, electroconvulsive treatment or drastic mental health treatment procedures for me.

Nco tseg: Thov kos rau nqe yog lossis tsis yog rau kem plaub fab hauv qab no. Yog koj tsis kos rau kem plaub fab thiab tsis qhia kom tseeb, txoj cai lij choj ntawm Wisconsin sau tias koj qhov kev xaiv raug txiav txim tias "Tsis yog".

1. Kev pub nkag mus saib xyuas mob nkeeg rau tom tsev lossis rau hauv lub zos yog saib raws li lub chaw hauv lub zos (CBRF):

Tus neeg sawv cev saib xyuas mob nkeeg ntawm kuv muaj cai muab kuv nkag mus saib xyuas ntev rau hauv lub chaw tu neeg mob yog tsim nyog.

(Nco Tseg: Ib tug neeg sawv cev saib xyuas mob nkeeg yeej muaj cai hais kom pub nkag mus tu mob ntev rau hauv ib lub chaw.)

- | | | |
|-----|----------|--|
| Yog | Tsis yog | Tsev Tu Neeg Mob |
| Yog | Tsis yog | Lub Chaw Saib Xyuas
Neeg Mob Hauv Lub Zos |

2. Txoj hluas raj pub mov:

Tus neeg sawv cev saib xyuas mob nkeeg ntawm kuv muaj cai hais kom siv txoj hluas raj pub mov lossis tso dej raws IV lossis muab tej ntawd tshem ntawm kuv, tshwj tsis yog kuv tus kws kuaj mob tau txiav txim tias qhov no yuav ua rau kuv mob lossis ua rau kuv nyob tsis tu.

- Yog Tsis yog

3. Txiav txim siab yog kuv cev xeeb tub:

Tus neeg sawv cev saib xyuas mob nkeeg ntawm kuv muaj cai txiav txim siab tam rau kuv yog kuv cev xeeb tub.

- Yog Tsis yog NA

Feem Txwv rau Kev Khomob Hlwb

Tej zaum tus neeg sawv cev saib xyuas mob nkeeg ntawm kuv yuav tsis kam lossis kam cia kuv pw khomob hauv tsev khomob rau hauv ib lub chaw khomob hlwb, rau hauv ib lub chaw saib xyuas rau cov neeg muaj mob hlwb, lossis ib lub chaw khomob ntawm lub xeev. Tej zaum tus neeg sawv cev saib xyuas mob nkeeg ntawm kuv yuav tsis pom zoo cia muab kuv coj mus sim ntsuas mob hlwb lossis ntsuas qhov kev xav ntawm lub hlwb, siv hluav taws xob kho lossis txheej txheem khomob hlwb hnyav rau kuv.

Part III – Statement of specific Desires, Special Provisions or Limitations

My health care agent must make health care decisions for me based on the instructions I provide. He or she must act in my best interest consistent with the principles I have stated in this document, or in accord with any wishes I have made known to him or her. Most of what I state here is general in nature, since I cannot anticipate all possible circumstances of a future illness. If I have not given specific instructions, then my health care agent must make decisions consistent with my wishes and beliefs, in accordance with the principles set forth below:

1. *Ordinary or proportionate* means shall be used to preserve my life. Proportionate means are those that offer a reasonable hope of benefit, are reasonably expected to prolong my life, do not entail an excessive burden or impose excessive expense on my family or community, and do not cause significant physical discomfort.
2. *Medical treatments that are extraordinary or disproportionate* means of preserving my life may be withdrawn or avoided. Disproportionate means of preserving my life may be withdrawn or avoided. Disproportionate means are those that do not offer a reasonable hope of benefit, are not reasonably expected to prolong my life, entail an excessive burden or impose excessive expense on my family or the community, or cause significant physical discomfort.
3. A. In principle, there is an obligation to provide me food and water, including medically assisted nutrition and hydrations if I cannot take food orally. This obligation extends to chronic and presumably irreversible conditions (e.g., the "persistent vegetative state") where I am reasonably expected to live indefinitely, if given such care.

Phaj III – Cov lus hais txog Feem Xav Tau tshwj xeeb, Cov Cai Tshwj Xeeb lossis Feem Txwv Tshwj Xeeb2.

Tus neeg sawv cev saib xyuas mob nkeeg ntawm kuv yuav tsum txiav txim saib xyuas mob nkeeg tam rau kuv raws li cov lus uas kuv qhia. Nws yuav tsum ua raws li cov cai uas kuv tau hais rau hauv daim ntawv tso cai no, lossis ua mus raws li qhov kuv xav tau uas kuv tau hais qhia rau nws lawm. Txhua yam uas kuv tau hais rau ntawm no yeej yog tiag, vim tias kuv tsis tuaj yeem khwv yees tias yuav muaj mob dab tsi tshwm sim rau yav tom ntej. Yog kuv tsis muab cov lus qhia tshwj xeeb, ces tus neeg sawv cev saib xyuas mob nkeeg ntawm kuv yuav txiav txim siab raws li qhov kuv xav tau thiab qhov kev ntseeg kom mus raws li cov cai uas tau hais tseg rau hauv qab no:

1. *Raws li ib txwm saib xyuas lossis raws li tsim nyog txhais tias* yuav tsum raug siv pov thaiv kuv txoj sia. Raws li tsim nyog txhais tias yog feem uas tau muab ib qho kev pab tsim nyog, tau pab txoj sia kom nyob ntev ntxiv, tsis yog ib qho ua kom nyuaj ntxiv lossis ua rau kuv tsev neeg lossis lub zos tau siv nyiaj ntau ntxiv thiab tsis cuam tshuam rau lub cev.
2. *Kev khomob tshwj xeeb lossis tsis tsim nyog txhais tau tias tej zaum kev pov hwm kuv txoj sia yuav raug tso tseg lossis raug zam.* Kev khomob tsis tsim nyog txhais tau tias tej zaum kev pov hwm kuv txoj sia yuav raug tso tseg lossis raug zam. Tsis tsim nyog txhais tias yog feem uas tsis tau muab ib qho kev pab tsim nyog, tsis tau pab txoj sia kom nyob ntev ntxiv, yog ib qho ua kom nyuaj ntxiv lossis tsis ua rau kuv tsev neeg lossis lub zos tau siv nyiaj ntau ntxiv lossis cuam tshuam rau lub cev.
3. A. *Raws li txoj cai, yuav tsum muab khoom noj thiab dej haus rau kuv, pab cov khoom noj zoo thiab dej haus zoo pab txhawb yog kuv noj tsis taus.* Kuv tsis tuaj yeem noj mov ntawm qhov ncauj tau. Qhov kev pab txhawb ntxiv no yog pab txhawb qhov muaj mob uas tsis paub zoo tu qab thiab mob tsis zoo (xws li, "khoom noj zaub xwm yeem") thiaj li yuav pab ua rau kuv nyob tau zoo yog muab hom kev saib xyuas zoo li no rau kuv.

- B. Medically assisted nutrition and hydration become optional when they cannot reasonably be expected to prolong my life, do not offer a reasonable hope of benefit, when they would be excessively burdensome or impose excessive expense on my family or my community, or would cause significant physical discomfort.
4. I should not be deprived of consciousness without a compelling reason.
 5. I oppose suicide and euthanasia. Treatment or support must not be provided or withheld for the purpose of causing my death.
 6. I desire the use of medication or procedures necessary for my comfort. Medicines capable of alleviating or suppressing pain may be given to me, even if this therapy may indirectly shorten my life. However, I do not wish to receive such treatment when given for the intent of hastening my death.
 7. If my death is imminent, I desire that those treatments which maintain a burdensome prolongation of my life be withdrawn or avoided, unless those responsible for my care judge that there are special and significant reasons why I should continue to receive such treatment.

I also desire that the following be adhered to regarding my health care decisions: _____

Please check your choice, if any, in the boxes below.

- For Catholics: I desire that efforts be made so that I receive the Sacraments of Reconciliation, Anointing of the Sick and Eucharist as Viaticum.
- I desire that my spiritual/pastoral leader is contacted.
- If my life is at an end and there is no reasonable hope for recovery, the medical interventions are non-beneficial, the burdens outweigh the benefits, and are prolonging my dying process, I would like all life-support systems

- B. Kev pab khoom noj zoo thiab dej haus zoo kho lub cev yog ib qho kev xaiv thaum lawv tsis tuaj yeem pab ua kom kuv txoj sia ntev ntxiv tau, tsis muab ib qho kev pab kom tsim nyog, thaum lawv nyuaj siab heev lossis tau siv nyiaj rau kuv tsev neeg lossis lub zos, lossis yuav cuam tshuam tsis zoo rau lub cev.
4. Kuv yuav tsis ua kom tshaj qhov ua tau yam tsis muaj kev yuam.
 5. Kuv tsis pom zoo txog kev tua yus tus kheej thiab kev tua lwm tus neeg. Kev khomob lossis kev pab txhawb yuav tsum tsis yog ua rau kom kuv tag sim neej lossis tsis pab tuav tswj kom kuv tag sim neej.
 6. Kuv xav siv cov tshuaj khomob lossis cov kev khomob tseem ceeb los pab rau kuv. Tej zaum yuav tau muab cov tshuaj pab txo kuv qhov mob lossis pab ua kom qhov mob ntaug, txawm tias tej zaum qhov khomob no yuav cuam tshuam txaus ntsai rau kuv txoj sia. Txawm li cas los xij, kuv tsis kom raug khomob zoo xws li hais los no thaum txhob txwm ua kom kuv tuag.
 7. Yog qhov mob ua rau kuv twb luag tuag lawm, kuv xav kom thim lossis zam txhob kho qhov mob ntawd ntxiv kom kuv txoj sia nyob ntev me ntsis, tshwj tsis yog tau txiav txim tias muaj kev khomob tshwj xeeb thiab tsim nyog uas yuav tsum tau muab coj los kho txuas mus ntxiv.

Kuv kuj xav kom ua raws li qhov kev txiav txim siab saib xyuas mob nkeeg rau kuv

Thov kos nqe xaiv rau kem plaub fab hauv qab no.

- Rau Cov Neeg Ntseeg Catholics:* Kuv xav kom muab cov kev pab txhawb ntawd rau kuv yog li ntawd kuv thiaj li Raug Txais Kev Kho Los Ntawm Kev Ntseeg, Pab Txhawb Rau Qhov Muaj Mob thiab Kev Ua Kev Zoo Siab Rau Hnub Kawg Ntawm Tswv Ntuj.
- Kuv xav tias kuv tus thawj coj kev cai dab qhuas/tus thawj qhia vaj lug kub yeej tau sib ntsib lawm.
- Yog kuv txoj sia yeej los txog hnub kawg lawm thiab yeej tsis vam tias yuav zoo rov qab los lawm, cov tshuaj khomob yeej tsis muaj txiaj ntsig dab tsi lawm, kuv xav kom tso tseg tej kev muab tej yam pab txhawb uas muaj txiaj ntsig rau kuv

removed. I wish to to be kept comfortable and pain free.

Donation of My Organs or Tissue (Optional): please check your choice in the box:

- I intend to donate **only** the listed organs and/or tissues
_____.
- I intend to donate any organs or tissue.
- I do not intend to donate any organ or tissue.
- I intend to donate my body to medical science.
Note: Donating your body to medical science needs to be arranged ahead of time.

Part IV – Making the Document Legal

This document created pursuant to Chapter 155 of the Wisconsin Statutes must be signed and dated in the presence of two witnesses with both witnesses signing at the same time. I am thinking clearly and agree with everything that is written in this document and have made this document willingly.

Signature

Date

Statement of Witnesses:

I know the person creating this document and believe him/her to be of sound mind and at least 18 years of age. I personally witnessed him/her sign this document and believe he/she did so voluntarily. By signing this document as a witness, I certify that I am:

- At least 18 years of age.
- Not a health care agent appointed by the person creating this document.
- Not related to this person by blood, marriage, or

txoj sia nyob tau ntev me ntsis ntawd tshem tawm. Kuv xav kom nyob taus thiab tsis hnov mob.

Kev Muab Kuv Tej Yam Khoom Hauv Nruab Nrog Cev lossis Tej Npluag Nqaij Pub Dawb (Xaiv Tau): Thov kos npe xaiv rau kem plaub fab hauv qab no:

Kuv tsuas xav muab **only** cov khoom hauv nruab nrog cev thiab/lossis cov npluag nqaij uas muaj npe no pub dawb xwb.

Kuv xav muab ib qho khoom hauv nruab nrog cev lossis ib qho npluag nqaij pub dawb.

Kuv tsis xav muab ib qho khoom hauv nruab nrog cev lossis ib qho npluag nqaij pub dawb.

Kuv xav muab kuv lub cev pub dawb rau kev tshuaj ntsuam xyuas txog feem xaij.

Nco tseg: Kev muab koj lub cev pub dawb rau kev tshuaj ntsuam xyuas txog feem xaij yuav tsum tau npaj ua ntej.

Phaj IV – Kev Sau Cov Ntaub Ntawv Kom Raug Cai

Yuav tsum tau kos npe rau daim ntawv no thiaj li raug raws li txoj cai Tshooj 155 ntawm Txoj Cai Lij Choj ntawm Wisconsin thiab sau hnuv kos npe ntawm ob tug neeg ua pov thawj rau thaum tib lub sijhawm. Kuv xav zoo lawm thiab pom zoo txhua yam uas tau sau tseg rau hauv daim ntawv no lawm thiab kuv yeej yuav tau ua raws li sau rau hauv daim ntawv no.

Kos npe

Hnuv

Cov Lus Hais ntawm Cov Neeg Ua Pov Thawj:

Kuv paub tus neeg uas sau daim ntawv no thiab kuv ntseeg tias nws yuav coj zoo thiab muaj hnuv nyoog tsawg kawg yog 18 xyoo. Kuv tus kheej ua pov thawj rau nws qhov tau kos npe rau daim ntawv no thiab kuv ntseeg tias nws yeem ua dawb xwb. Kev kos npe rau daim ntawv ua tus neeg pov thawj, kuv lees tias kuv:

- Muaj hnuv nyoog tsawg kawg 18 xyoo.
- Tsis yog ib tug neeg sawv cev saib xyuas mob nkeeg los ntawm tus neeg uas sau daim ntawv no.
- Tsis txheeb ze rau tus neeg no tsis hais los ntawm roj

adoption.

- Not directly financially responsible for this person's health care.
- Not a health care provider directly serving the person at this time.
- Not an employee (other than social worker or chaplain) of a health care provider directly serving this person at this time.

- Not aware that I am entitled to or have a claim against this person's estate.

ntsha, kev sib yuav, lossis kev coj los tu.

- Tsis pab nyiaj ncaj qha saib xyuas mob nkeeg rau tus neeg no.
- Tsis yog ib tug kws saib xyuas mob nkeeg ncaj qha rau tus neeg no rau thaum lub sijhawm tam sim no.
- Tsis yog ib tug neeg ua haujlwm (tsis yog tus neeg ua haujlwm pab peej xeem sawd daws lossis tus kws qhia) ntawm ib tug kws kuaj mob uas tau muab kev saib xyuas ncaj qha rau tus neeg no rau thaum lub sijhawm tam sim no.
- Tsis paub tias kuv muaj rau lossis muaj ib qho nqi uas yuav cuam tshuam rau tus neeg no tej vaj tse.

Witness #1:

Date: _____

Signature: _____

Print Name: _____

Address: _____

Witness #2:

Date: _____

Signature: _____

Print Name: _____

Address: _____

Tus neeg pov thawj #1:

Hnub:

Kos npe:

Sau Lub Npe:

Chaw Nyob:

Tus neeg pov thawj 2:

Hnub:

Kos npe:

Sau Lub Npe:

Chaw Nyob:

Statement of Health Care Agent and Alternate Health Care Agent

I understand that _____ has designated me to be his or her health care agent or alternate health care agent if he or she is ever found to have incapacity and unable to make health care decisions. The person creating this document has discussed his or her desires regarding health care decisions with me..

Agent's Signature/Date _____

Alternate's Signature/Date _____

Alternate's Signature/Date _____

This document includes information from the State of Wisconsin form as well as the addendum by the five Catholic Bishops' of Wisconsin (3/5/14).

Cov Lus Hais ntawm Tus Neeg Sawv Cev Saib Xyuas Mob Nkeeg thiab Lwm Tus Neeg Sawv Cev Saib Xyuas Mob Nkeeg

Kuv nkag siab tias tau teeb tsa kuv los ua nws tus neeg sawv cev saib xyuas mob nkeeg lossis lwm tus neeg sawv cev saib xyuas mob nkeeg yog pom tias nws yeej tsis taus lawm tiag thiab nws yeej tsis tuaj yeem txiav txim siab txog qhov saib xyuas mob nkeeg lawm. Tus neeg uas sau daim ntawv tso cai no yeej tau tham nrog kuv txog qhov kuv xav kom saib xyuas mob nkeeg lawm.

Tus Neeg Sawv Cev Kos Npe/Hnub

Lwm Tus Neeg Sawv Cev Kos Npe/Hnub

Lwm Tus Neeg Sawv Cev Kos Npe/Hnub

Daim ntawv no muaj cov ntaub ntawv los ntawm Lub Xeev Wisconsin thiab lwm cov ntaub ntawv tso tom qab los ntawm tsib lub chaw Catholic Bishops' ntawm Wisconsin (3/5/14).