

**STATE OF ISRAEL
MINISTRY OF JUSTICE**

GENERAL POWER OF ATTORNEY

TO MINISTRY OF JUSTICE

LEGAL AID DEPARTMENT

Department of Legal Aid
Legal Aid Office
Jerusalem and the South Districts
Date: _____
File Number: _____

In accordance with the Memorandum of Understanding between the Government of the United States of America and the Government of the State of Israel for Cooperation in Child Support Enforcement signed in Israel on February 5, 2009 ("MOU") I,
_____, the claimant as referred to in the MOU, residing in
_____ as the legal representative of the minor/s

_____ (names of minors).

Hereby Authorize the Legal Aid Office in Jerusalem, 1 Hasoreg Street, 2nd floor (Mitzpe House), Jerusalem, P.O. Box 1777 Israel 91017, to represent me, with the substitution right and to institute and prosecute an action against:

or to appoint an agency or person eligible for this purpose to act on its behalf.

The abovementioned authorization is solely for the recovery of maintenance benefits, in all handlings which are necessary for the obtainment of these benefits.

Signature _____ Date _____

I, the undersigned, _____, _____
(full name) (position)

at the _____, USA, hereby certify that on _____
(place of employment)

Mr./Ms. _____ residing in _____ appeared before me, and after identifying her/him by identity card no. _____ signed in my presence and of her/his own free will this power of attorney.

In witness whereof I hereby authenticate the signature of _____
by my own signature.

Signature _____ Name _____