

THE GRAHAM LAW OFFICE, P.A.

1009 W. Fort Street
Boise, Idaho 83702
(208) 344-0375
www.graham-lawoffice.com
info@graham-legal.com



Susan M. Graham

Certified Elder Law Attorney
Accredited Attorney – Veterans Administration

Agreement With My Family About Driving

To my family:

I have discussed with my family my desire to drive as long as it is safe for me to do so. The time may come, however, when I can no longer make the best decisions for the safety of myself and others. Therefore, in order to help my family make necessary decisions, this statement is an expression of my wishes and directions while I am still able to make these decisions.

When it is not reasonable for me to drive, I would like _____ (person's name) or _____ (person's name) to tell me that I can no longer drive. I wish for the persons named to assist by consulting with my physician or a driving rehabilitation specialist about my ability to drive safely. If I am unwilling or unable to surrender my driver's license after a professional concurs that I am unable to drive safely, I agree that the following steps may be initiated by the persons named above:

- _____ He/she may contact my physician so that he/she may alert the Idaho Department of Motor Vehicles, or he/she may do so directly.
- _____ He/she may take possession of my car keys.
- _____ He/she may take possession of my car.
- _____ He/she may sell my car and use the proceeds to pay for alternative transportation.

I trust my family will take the necessary steps to prohibit my driving in order to ensure my safety and the safety of others while protecting my dignity.

Signed: _____ Date: _____

Printed name: _____

Copies of this request have been shared with:

