

Certificate of suitability of litigation friend

If you are acting

- for a child, you must serve a copy of the completed form on parent or guardian of the child, or if there is no parent or guardian, the carer or the person with whom the child lives
- for a protected party, you must serve a copy of the completed form on one of the following persons with authority in relation to the protected party as: (1) the attorney under a registered enduring power of attorney (2) the donee of the lasting power of attorney; (3) the deputy appointed by the Court of Protection; or if there is no such person, an adult with whom the protected party resides or in whose care the protected party is. You must also complete a certificate of service (obtainable from the court office) You should send the completed form to the court with the claim form (if acting for the claimant) or when you take the first step on the defendant's behalf in the claim together with the certificate of service (if applicable).

You should send the completed form to the court with the claim form (if acting for the claimant) or when you take the first step on the defendant's behalf in the claim together with the certificate of service (if applicable).

Name of court { MERGEFIELD TK_PICOURTDETS_tkCIVILCRT_name }	
Claim No.	{ MERGEFIELD TK_PICOURTDETS_tkCLAIMNO }
Claimant (including ref.)	{ MERGEFIELD LINKNAME_TITLE_1 } { MERGEFIELD LINKNAME_FORENAME_1 } { MERGEFIELD LINKNAME_SURNAME_1 }
Defendant (including ref.)	{ IF { MERGEFIELD TK_PIDEF1DETAIL_tkDEF1CONA ME }= "" "{ MERGEFIELD TK_PIDEF1DETAIL_tkDEF1FORE NAME } { MERGEFIELD TK_PIDEF1DETAIL_tkDEF1SURN AME }" "{ MERGEFIELD TK_PIDEF1DETAIL_tkDEF1CONA ME }" }

You do not need to complete this form if you are a deputy appointed by the Court of Protection with power to conduct proceedings on behalf of the protected party.

I consent to act as litigation friend for { MERGEFIELD "LINKNAME FORENAME 1" } {
MERGEFIELD "LINKNAME SURNAME 1" }(claimant)(defendant)

I believe that the above named person is a

{ FORMCHECKBOX } child { FORMCHECKBOX } protected party (give your reasons overleaf and attach a copy of any medical evidence in support)

I am able to conduct proceedings on behalf of the above named person competently and fairly and I have no interests adverse to those of the above named person.

*I undertake to pay any costs which the above named claimant may be ordered to pay in these proceedings subject to any right I may have to be repaid from the assets of the claimant.

* delete if you are acting for the defendant

Please write your name in capital letters

{ FORMCHECKBOX } Mr {
FORMCHECKBOX } Mrs {
FORMCHECKBOX } Miss

{ FORMCHECKBOX } Ms {
FORMCHECKBOX } Other { FORMTEXT }

Surname { MERGEFIELD
TK_PICLIENTINFO_TK_LITFRNDSURN * UPPER }

Forenames { MERGEFIELD
TK_PICLIENTINFO_TK_LITFRNDFORE * UPPER }

Address to which documents in this case are to be sent.

I certify that the information given in this form is correct

Signed _____

{ MERGEFIELD
TK_PICLIENTINFO_TK_LITFRNDADDR }

Date { FORMTEXT }

The court office at { FORMTEXT }

is open between 10 am and 4 pm Monday to Friday. When corresponding with the court, please address forms or letters to the Court Manager and quote the claim number.

Claim No.{ MERGEFIELD TK_PICOURTDETS_tkCLAIMNO }

My reasons for believing that the (claimant)(defendant) is a protected party are:-

{ FORMTEXT }