

Annex B: Supporting information for personal welfare applications

For office use only
Case no. { FORMTEXT }
Date received { FORMTEXT }

Full name of person to whom the application relates (this is the name of the person who lacks, or is alleged to lack, capacity)

{ MERGEFIELD FW_PER_REL_FW_CLI1_TITLE \f" " }{ MERGEFIELD FW_PER_REL_FW_CLI1_FNAME \f" " }{ MERGEFIELD FW_PER_REL_FW_CLI1_MNAME \f" " }{ MERGEFIELD FW_PER_REL_FW_CLI1_SNAME }
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Please note: COP1 and this annex are **not** to be used in respect of applications concerning deprivation of liberty (DoL) under section 21A of the Mental Capacity Act 2005 (the Act) relating to a standard or urgent authorisation under Schedule A1 or the streamlined application under section 4A(3) and 16(2)(a) of the Act. For those applications please visit our website at www.gov.uk/court-of-protection

Please note: This form must be submitted with COP1

Section 1 - Type of application - A fee is payable per application (see COP44)

1.1 This application relates to:

{ FORMCHECKBOX } Serious medical treatment

Enclose COP3 or alternative evidence of capacity and all evidence referred to in Practice Direction 9(E)

{ FORMCHECKBOX } Healthcare or medical treatment

{ FORMCHECKBOX } Residence

{ FORMCHECKBOX } Contact

{ FORMCHECKBOX } Prohibited contact order

{ FORMCHECKBOX } Other (see below)

Enclose COP3 or alternative evidence of capacity

{ FORMCHECKBOX } Appointment of deputy for personal welfare

Enclose COP3 or alternative evidence of capacity and form COP4 deputy's declaration

{ FORMCHECKBOX } Other (please give details below)

{ FORMTEXT }

1.2 Are you seeking a declaration of exceptional urgency?

{ FORMCHECKBOX } Yes, you must complete section 6
{ FORMCHECKBOX } No

Do you require urgent interim order/directions?

{ FORMCHECKBOX } Yes, you must complete section 7

{ FORMCHECKBOX } No

Section 2 - Your details (the applicant)

2.1 (a) Applicant 1

{IF { MERGEFIELD FW_APP1_FW_A1_TITLE }= "Mr" }Mr. {IF { MERGEFIELD FW_APP1_FW_A1_TITLE }= "Mrs" }Mrs. {IF { MERGEFIELD FW_APP1_FW_A1_TITLE }= "Miss" }Miss {IF { MERGEFIELD FW_APP1_FW_A1_TITLE }= "Ms" }Ms. { FORMCHECKBOX } Other { FORMTEXT }

First name(s)

Last name

(b) Applicant 2

{IF { MERGEFIELD FW_APP2_FW_A2_TITLE }= "Mr" }Mr. {IF { MERGEFIELD FW_APP2_FW_A2_TITLE }= "Mrs" }Mrs. {IF { MERGEFIELD FW_APP2_FW_A2_TITLE }= "Miss" }Miss {IF { MERGEFIELD FW_APP2_FW_A2_TITLE }= "Ms" }Ms. { FORMCHECKBOX } Other { FORMTEXT }

First name(s)

Last name

Section 3 - Information about the person to whom the application relates

3.1 Do you personally visit the person to whom the application relates?
 If Yes, how frequently?

3.2 Does anyone else visit the person to whom the application relates?
 If Yes, please provide details of the most frequent visitors

Name	Connection to the person to whom the application relates	Frequency of visits
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{ FORMTEXT }	{ FORMTEXT }	{ FORMTEXT }
{ FORMTEXT }	{ FORMTEXT }	{ FORMTEXT }
{ FORMTEXT }	{ FORMTEXT }	{ FORMTEXT }
{ FORMTEXT }	{ FORMTEXT }	{ FORMTEXT }

3.3 **Doctor's details**

Full name

{ FORMTEXT }

Address

{ FORMTEXT }

3.4 Local Authority Social Services details

Name of local authority	<input type="text" value="{ MERGEFIELD FW_OP_FW_SOC_SERV_ORG_name }"/>
Full name	<input \"fw_op_fw_soc_serv_con_surname\"="" fw_op_fw_soc_serv_con_forename\"="" mergefield="" type="text" value="{ MERGEFIELD FW_OP_FW_SOC_SERV_CON_title } { MERGEFIELD \" {="" }="" }"=""/>
Address	<input fw_op_fw_soc_serv_con_address\"="" type="text" value="{ MERGEFIELD \" }"=""/>

3.5 Details of NHS body with responsibility for treatment for the person to whom the application relates

Full name	<input type="text" value="{ FORMTEXT }"/>
Address	<input type="text" value="{ FORMTEXT }"/>

Section 4 - Advance decisions and Lasting Powers of Attorney

4.1 Has the person to whom this application relates made an advance decision? { FORMCHECKBO
X } Yes { FORMCHECKBO
X } No

If Yes, please give details { FORMCHECKBO
X } Unknown

4.2 Has the person to whom this application relates granted a Lasting Power of Attorney for health and welfare? { FORMCHECKBO
X } Yes { FORMCHECKBO
X } No

If Yes, please give details

Date made	<input type="text" value="{ FORMTEXT }"/>	Date registered	<input type="text" value="{ FORMTEXT }"/>
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Please provide a certified copy of the registered instrument

4.3 Attorney (1)

Full name

Address

Phone no.

Attorney (2)

Full name

Address

Phone no.

Section 5 – Guardianship

5.1 Have powers of guardianship under the Mental Health Act 1983 been conferred on the Social Services Department of the Local Authority or some other approved person in relation to the welfare of the person to whom the application relates? Yes No

If Yes, please give details

Name of guardian or Local Authority

Address (including postcode)

Phone no.

Section 6 - Declaration of exceptional urgency (only complete if you ticked 'Yes' at 1.2 on page 1)

6.1 Please give your reasons for the urgency:

6.2 By proposed timetable

Please tick the boxes that apply

FOR MCH ECK BOX
The application for interim order or directions should be considered within hours/days

FOR MCH ECK
Request for permission (if applicable) should be considered within hours/days

BOX
}
{
FOR
MCH
ECK
BOX
}
{
FOR
MCH
ECK
BOX
}

Abridgement of time is sought for the lodging of acknowledgments of service

{
FORM
TEXT }

hours/days

If permission granted, a substantive hearing is sought by

{
FORMT
EXT }

date

Section 7 - Urgent interim orders/directions (only complete if you ticked 'Yes' at 1.3)

7.1 Please state the order/directions sought and the reasons for the urgency?

You may wish to attach draft interim order/directions.

{ FORMTEXT }

Section 8 - Order sought

8.1 The order I seek is as follows:

{ MERGEFIELD FW_INSTR_FW_APP_ORDER }

8.2 I enclose COP24 Witness Statement setting out evidence in support of my application { FORMCHECKBOX }

Section 9 - Attending court hearings

9.1 If the court requires you to attend a hearing do you need any special assistance or facilities? { FORMCHECKBOX } Yes { FORMCHECKBOX } No

If Yes, please say what your requirements are. If necessary, court staff may contact you about your requirements.

{ FORMTEXT }

Section 10 - Statement of truth

The statement of truth is to be signed by you, your solicitor or your litigation friend.

*(I believe) The applicant(s) believe(s) that the facts stated in this annex are true.

Applicant (1)		Applicant (2)	
Signed	<div style="border: 1px solid black; height: 30px; width: 100%;"></div> <p><small>*Applicant('s litigation friend)('s solicitor)</small></p>	Signed	<div style="border: 1px solid black; height: 30px; width: 100%;"></div> <p><small>*Applicant('s litigation friend)('s solicitor)</small></p>
Name	<div style="border: 1px solid black; padding: 2px;">{ MERGEFIELD CALCULATION_FEE_EARNER_DESCRIPTION }</div>	Name	<div style="border: 1px solid black; padding: 2px;">{ IF { MERGEFIELD FW_APP2_FW_A2_SNAME } <> "" { MERGEFIELD CALCULATION_FEE_EARN ER_DESCRIPTION } "" }</div>
Date	<div style="border: 1px solid black; padding: 2px;">{ FORMTEXT }</div>	Date	<div style="border: 1px solid black; padding: 2px;">{ FORMTEXT }</div>
Name of firm	<div style="border: 1px solid black; padding: 2px;">{ MERGEFIELD PRACTICEINFO_PRACTICE_NAME }</div>	Name of firm	<div style="border: 1px solid black; padding: 2px;">{ IF { MERGEFIELD FW_APP2_FW_A2_SNAME } <> "" { MERGEFIELD PRACTICEINFO_PRACTICE _NAME } "" }</div>
Position or office held	<div style="border: 1px solid black; padding: 2px;">{ MERGEFIELD CALCULATION_STATUS_DESCRIPTION }</div>	Position or office held	<div style="border: 1px solid black; padding: 2px;">{ IF { MERGEFIELD FW_APP2_FW_A2_SNAME } <> "" { MERGEFIELD CALCULATION_STATUS_D ESCRIPTION } "" }</div>

* Please delete the options in brackets that do not apply.

If there are more than two applicants, please continue on a separate sheet.

COP1B Notes

Guidance notes on completing form COP1B Annex B: Supporting information for personal welfare applications

Please read the following notes before completing form COP1B

You must complete and file this form if your application relates to personal welfare matters. This includes applications relating to health matters and applications to appoint a deputy for personal welfare.

You must also complete this form if your application relates to both property and affairs and personal welfare, for example if you are applying for appointment as deputy for property and affairs and personal welfare.

If your application relates to property and affairs only (which includes financial matters), or is about a lasting or enduring power of attorney, you do not need to complete this form. The guidance notes to form COP1 explain what forms you need to complete for the different types of application.

Completing form COP1B

Type of application (Section 1)

Please state what type of application you are seeking to make by ticking one of the boxes in section 1.1.

Please note: Form COP1B must not be used for applications concerning applications under section 21A of the Mental Capacity Act 2005 relating to the deprivation of liberty safeguards (DoLS) or for applications for a court-authorized deprivation of liberty under the streamlined procedure. If you do need to make a deprivation of liberty application, refer to practice direction 10AA, which you can download from the website.

You may need the court's permission to make a personal welfare application. The guidance notes to form COP1 Application form explain when you will need the court's permission to make an application.

Advance decisions and lasting powers of attorney (Section 4)

If the person the application is about has made an advance decision or lasting power of attorney for

health and welfare, provide details. Please provide a copy or if you are unable to do so, explain why. If the lasting power of attorney has not been registered, explain why.

There is no need to provide details of an enduring power of attorney or lasting powers of attorney for property and financial affairs.

Declaration of exceptional urgency (Section 6)

Complete this section if your application is extremely urgent and you require the court to consider it immediately. You must state the reasons for the urgency, including the time by which the court should consider the application; and what order you are asking it to make. Where possible you should provide a draft order with the application.

Please note: You should only seek a declaration of exceptional urgency in cases of emergency. If the judge has concerns that the procedure has been abused, he may ask you or your representative to attend the court to explain your reasons in person.

Urgent interim orders/directions (Section 7)

Complete this section if you are asking the court to make a temporary order, or if there is a matter that requires the courts immediate attention.

Order sought (Section 8)

You need to state what order or declaration you are asking the court to make. In each case, the court needs to decide whether the person to whom the application relates is capable of making a decision in the matter to which your application relates.

Please provide specific detail of the type of matter that you have indicated in section 1.1; and what you are asking the court to do. For example if your application relates to residence you may require the court to decide whether person to whom the application relates is capable of deciding where they should live, and to make an order that they move to a particular residence.

What you need to do next

When you have completed this form, you will need to consider what other forms you need to complete. The forms to be completed will be different depending on the type of application. Please refer to the guidance notes on form COP1 for information on what forms to complete and what you need to do next.

When you have completed all the forms you should take, or send them to the Court of Protection, along with any fee. For details on where to send your application check the website:
www.gov.uk/court-of-protection

Disclaimer

Court of Protection staff cannot give legal advice. If you need legal advice please contact a solicitor or your local Citizens Advice Bureau. Information in this guidance is believed to be correct at the time of publication; however we do not accept any liability for any error it may contain.

If you need further help with your application, please check the website www.gov.uk/court-of-protection