

Court of Protection
Deputy's Declaration

For office use only	
Date received	
Case no.	

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" }

Section 1 - Your details (the person applying to be appointed as a deputy)

1.1 Your details

{ 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	{ MERGEFIELD FW_APP2_FW_A2_FNAME }
Middle name(s)	{ MERGEFIELD FW_APP2_FW_A2_MNAME }
Last name	{ MERGEFIELD FW_APP2_FW_A2_SNAME }

1.2 Address (including postcode)

{ MERGEFIELD FW_APP2_FW_A2_ADD1 \f" " }
 { MERGEFIELD FW_APP2_FW_A2_ADD2 \f" " }
 { MERGEFIELD FW_APP2_FW_A2_TOWN \f" " }
 { MERGEFIELD FW_APP2_FW_A2_COUNTY \f" " }
 { MERGEFIELD FW_APP2_FW_A2_POSTCODE \f" " }

Telephone no.	Daytime	{ MERGEFIELD FW_APP2_FW_A2_PHONE_DAY }
	Evening	{ MERGEFIELD FW_APP2_FW_A2_PHONE_EVE }
	Mobile	{ MERGEFIELD FW_APP2_FW_A2_PHONE_MOB }

E-mail address	{ MERGEFIELD FW_APP2_FW_A2_EMAIL }
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1.3 Date of Birth

{ MERGEFIELD FW_APP2_FW_A2_DOB }

1.3 What is your connection to the person to whom the application relates?

{ MERGEFIELD FW_APP2_FW_A2_RELATION }

Details of the person to whom the application relates

1.4	Full name	{ 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" }
	Address (including postcode)	{ MERGEFIELD CLIENT_HOUSE \f" " } { MERGEFIELD CLIENT_AREA \f" " } { MERGEFIELD CLIENT_POSTAL_TOWN \f" " } { MERGEFIELD CLIENT_COUNTY \f" " } { MERGEFIELD CLIENT_POSTCODE \f" " }
	Date of birth	{ MERGEFIELD FW_PER_REL_FW_CLI1_DOB }

Section 2 - Your personal circumstances

2.1 What is your current occupation?
If you are not in paid employment, please give details of your current circumstances.

{ FORMTEXT }

2.2 How long have you worked in your current occupation?

{ FORMTEX T }	Years	{ FORMTEX T }	Months
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2.3 Have you ever been appointed to act as a deputy or attorney for anyone else?

{ FORMCHECKBOX }
Yes {
FORMCHECKBOX }
No

If Yes, please give the name(s) of the person(s) and (if known) the court reference(s).

{ FORMTEXT }

2.4 Have you ever been convicted of a criminal offence?
(Do not include convictions spent under the Rehabilitation of Offenders Act 1974).

{ FORMCHECKBOX }
Yes {
FORMCHECKBOX }
No

If Yes, please provide details of the offence, including the date of conviction.

{ FORMTEXT }

2.5

Are there any circumstances (personal or otherwise) which would interfere with your ability to carry out the duties of a deputy effectively? (E.g. ill health or business/family commitments).

{ FORMCHECKBOX }
Yes {
FORMCHECKBOX }
No

If Yes, please provide details.

{ FORMTEXT }

2.6 If you are not appointed as a deputy or become unable to take up an appointment, are you aware of any other person (or officer holder) who might wish to be considered as a deputy? { FORMCHECKBOX }
Yes {
FORMCHECKBOX }
No

If Yes, please provide details.

{ FORMTEXT }

Section 3 - Your financial circumstances

Please complete this section if you are applying to be appointed as a property and affairs deputy.

3.1 Do you have a personal bank or building society current/deposit account? { FORMCHECKBOX }
Yes {
FORMCHECKBOX }
No

3.2 Have you ever been refused credit? (e.g. having a personal loan application refused) { FORMCHECKBOX }
Yes {
FORMCHECKBOX }
No

If Yes, please provide details.

{ FORMTEXT }

3.3 Do you have any outstanding judgment debts? { FORMCHECKBOX }
Yes {
FORMCHECKBOX }
No

If Yes, please provide details.

{ FORMTEXT }

3.4 Have you personally ever been declared bankrupt or the debtor under an Individual Voluntary Arrangement under Part VIII of the Insolvency Act 1986 or subject to a debt relief order? { FORMCHECKBOX }
Yes {
FORMCHECKBOX }
No

If Yes, please provide details.

{ FORMTEXT }

3.5

Are you currently an undischarged bankrupt or the debtor under an Individual Voluntary Arrangement or subject to a Debt Relief Order?

{ FORMCHECKBOX }
Yes {
FORMCHECKBOX }
No

If Yes, please provide details.

{ FORMTEXT }

3.6 Has any business that you have been involved with (whether a company, partnership or otherwise) been subject to a recognised insolvency regime (e.g. voluntary arrangement, winding-up, administration, receivership, administrative receivership)? { FORMCHECKBOX }
Yes {
FORMCHECKBOX }
No

If Yes, please provide details.

{ FORMTEXT }

3.7 Have you been the subject of a declaration under section 213 (fraudulent trading) or section 214 (wrongful trading) of the Insolvency Act 1986? { FORMCHECKBOX }
Yes {
FORMCHECKBOX }
No

If Yes, please provide details.

{ FORMTEXT }

3.8 Have you been the subject of a bankruptcy restrictions order under section 281A or Schedule 4A of the Insolvency Act 1986, or a disqualification order under section 1 of the Company Directors (Disqualification) Act 1986? { FORMCHECKBOX }
Yes {
FORMCHECKBOX }
No

If Yes, please provide details.

{ FORMTEXT }

3.9 Are you aware of any matter in which your financial interests may conflict with those of the person to whom the application relates? (e.g. occupation of a property which the person owns, any interest under the terms of their will) { FORMCHECKBOX }
Yes {
FORMCHECKBOX }
No

If Yes, please provide details.

{ FORMTEXT }

Section 4 - Your personal undertakings to the person to whom the application relates

Becoming a deputy means that you have to take on a number of duties and responsibilities and have to act in accordance with certain standards. If you are appointed as a deputy, the court order will set out the exact powers conferred on you.

The main duties and responsibilities you may have to take on are set out below. Please review each one and tick 'Yes' if you give your undertaking to act in accordance with the duty or responsibility. You can use the 'Comments' section to support your undertakings. Please mention if you have a particular professional skill, life experience, public duty or role that you think is relevant.

If you do not give your undertaking and tick 'No', please use the 'Comments' section to explain your reasons. It may be because you do not yet have experience in the particular duty, or think you might not have the skills needed. It will not necessarily prevent your appointment as deputy.

Not all of the undertakings set out below will be relevant to every deputy. If you think this is the case, tick 'No' and explain in the 'Comments' section that the undertaking would be irrelevant to your appointment.

	Undertaking	Yes or No	Comments
1	I will have regard to the Mental Capacity Act 2005 Code of Practice and I will apply the principles of the Act when making a decision. In particular I will act in the best interests of the person to whom the application relates and I will only make those decisions that the person cannot make themselves.	{ FORMCHEC KBOX } Yes { FORMCHEC KBOX } No	{ FORMTEXT }
2	I will act within the scope of the powers conferred on me by the court as set out in the order of appointment and will apply to the court if I feel additional powers are needed.	{ FORMCHEC KBOX } Yes { FORMCHEC KBOX } No	{ FORMTEXT }
3	I will act with due care, skill and diligence, as I would do in making my own decisions and conducting my own affairs. Where I undertake my duties as a deputy in the course of my professional work (if relevant), I will abide by professional rules and standards.	{ FORMCHEC KBOX } Yes { FORMCHEC KBOX } No	{ FORMTEXT }
4	I will make decisions on behalf of the person to whom the application relates as required under the court order appointing me. I will not delegate any of my powers as a deputy unless this is expressly permitted in the court order appointing me.	{ FORMCHEC KBOX } Yes { FORMCHEC KBOX } No	{ FORMTEXT }
5	I will ensure that my personal interests do not conflict with my duties as a deputy, and I will not use my position for any personal benefit.	{ FORMCHEC KBOX } Yes { FORMCHEC KBOX } No	{ FORMTEXT }
6	I will act with honesty and integrity, and will take any decisions made by the person to whom the application relates while they still had capacity, into account when determining their best interests.	{ FORMCHEC KBOX } Yes { FORMCHEC	{ FORMTEXT }

		KBOX } No	
7	I will keep the person's financial and personal information confidential (unless there is a good reason that requires me to disclose it).	{ FORMCHEC KBOX } Yes { FORMCHEC KBOX } No	{ FORMTEXT }

8	I will comply with any directions of the court or reasonable requests made by the Public Guardian, including requests for reports to be submitted.	{ FORMCHECKBOX } Yes { FORMCHECKBOX } No	{ FORMTEXT }
9	I will visit the person to whom the application relates as regularly as is appropriate and take an interest in their welfare.	{ FORMCHECKBOX } Yes { FORMCHECKBOX } No	{ FORMTEXT }
10	I will work with the person to whom the application relates and any carer(s) to achieve the best quality of life for him or her within the funds available.	{ FORMCHECKBOX } Yes { FORMCHECKBOX } No	{ FORMTEXT }
11	I will co-operate with any representative of the court or the Public Guardian who might wish to meet me or the person to whom the application relates to check that the deputyship arrangements are working.	{ FORMCHECKBOX } Yes { FORMCHECKBOX } No	{ FORMTEXT }
12	I will immediately inform the court and the Public Guardian if I have any reason to believe that the person to whom the application relates no longer lacks capacity and may be able to manage his or her own affairs.	{ FORMCHECKBOX } Yes { FORMCHECKBOX } No	{ FORMTEXT }

	Further undertakings if you are applying to be appointed as a property and affairs deputy	Yes or No	Comments
13	I understand that I may be required to provide security for my actions as deputy. If I am required to purchase insurance, such as a guarantee bond, I undertake to pay premiums promptly from the funds of the person to whom the application relates.	{ FORMCHECKBOX } Yes { FORMCHECKBOX } No	{ FORMTEXT }
14	I will keep accounts of dealings and transactions taken on behalf of the person to whom the application relates.	{ FORMCHECKBOX } Yes { FORMCHECKBOX } No	{ FORMTEXT }
15	I will keep the money and property of the person to whom the application relates separate from my own.	{ FORMCHECKBOX } Yes { FORMCHECKBOX } No	{ FORMTEXT }
16	I will ensure so far as is reasonable that the person to whom the application	{ FORMCHECKBOX	{ FORMTEXT }

	relates receives all benefits and other income to which they are entitled, that their bills are paid and that a tax return for them is completed annually.	OX } Yes { FORMCHECKB OX } No	
17	I will take reasonable steps to maintain the property of the person to whom the application relates (if applicable), for example arranging for insurance, repairs or improvements. If necessary I will arrange and oversee a sale or letting of property with appropriate legal advice.	{ FORMCHECKB OX } Yes { FORMCHECKB OX } No	{ FORMTEXT }

Section 5 - Personal statement to the court

Please state why you wish to be the deputy of the person to whom the application relates.

{ FORMTEXT }

Section 6 - Statement of truth

The statement of truth is to be signed by the person applying to be appointed as a deputy.

I believe that the facts stated in this declaration are true.

Signed

Name

Date

