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Our Ref: { MERGEFIELD MATTER_FEE_EARNER_ID }/{ MERGEFIELD client_no }/{
MERGEFIELD matter_no }

Your Ref:

{ QUOTE { DATE \@ "d MMMM yyyy"} }

{ MERGEFIELD FW_APP1_FW_A1_TITLE } { MERGEFIELD FW_APP1_FW_A1_INITIAL }
{ MERGEFIELD FW_APP1_FW_A1_SNAME }
{ MERGEFIELD FW_APP1_FW_A1_ADD1 \f, "
{ MERGEFIELD FW_APP1_FW_A1_ADD2 \f, "
{ MERGEFIELD FW_APP1_FW_A1_TOWN \f, "
{ MERGEFIELD FW_APP1_FW_A1_COUNTY \f, "
{ MERGEFIELD FW_APP1_FW_A1_POSTCODE \f" }

Dear { MERGEFIELD FW_APP1_FW_A1_TITLE } { MERGEFIELD
FW_APP1_FW_A1_SNAME }

Re: { MERGEFIELD MATTER MATTER DESCRIPTION }

Further to our previous correspondence, please now find attached COP4 Deputy declaration form for completion by you together with draft COP1 application form for your approval.

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. Section 4 of the form sets out these standards. The Mental Capacity Act 2005 Code of Practice, can be found at:

{ HYPERLINK "https://www.gov.uk/government/publications/mental-capacity-act-code-of-practice" } . If you are appointed as a deputy, the court order will set out the exact powers conferred on you.

The COP4 Deputy declaration form provides the Court of Protection with information about you as the intended Deputy in order that they can make their decision as to your suitability. It is therefore important that this form is completed truthfully and to the best of your knowledge.

If you have any questions regarding the completion of the form, please do not hesitate to contact me.

Once you have completed the form, please return this to me so that I can send the application off as soon as possible.

Yours sincerely

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{ MERGEFIELD CALCULATION_FEE_EARNER_DESCRIPTION }
{ MERGEFIELD PRACTICEINFO_PRACTICE_NAME*UPPER }