Osprey Approach: Deputyship

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DEPUTYSHIP – NEW FILE INFORMATION

Enter Details of the Person to who the application relates

Client 1 Title

Client 1 Initial

Client 1 Forename

Client 1 Middle Name

Client 1 Surname

Client 1 gender

| Please select | ⌄ |

| Please select |
| Male |
| Female |

Client 1 date of birth

| Select a date | 📅 |

_____

What type of deputyship are you applying for?

Type of application

| Please Select | ⌄ |

| Please Select |
| Appointment of deputy for property and affairs |
| Appointment of deputy for personal welfare |

Please enter the details of the person(s) who will act as deputy

_____

Please enter the details of the person(s) who will act as deputy

Applicant 1 Title

Applicant 1 Initial

Applicant 1 Forename

Applicant 1 Middle Name

Applicant 1 Surname

DEPUTYSHIP - APPLICATION DETAILS

Type of application

Please Select ⌄

| Please Select |
| Appointment of deputy for property and affairs |
| Appointment of deputy for personal welfare |

In what capacity are you making the application?

Please Select ⌄

| Please Select |
| Proposed deputy/deputy |
| I am the person to whom this application relates |
| Attorney |

What order are you asking the court to make?

How will Deputy Make Decisions?

Please Select ⌄

| Please Select |
| Sole Deputyship |
| Joint Deputyship |
| Jointly and Severally |

What order are you asking the court to make?

✓ Submit   Cancel

DEPUTYSHIP - RESPONDENT DETAILS

Please give details of all respondents who are to be served with this application

Respondent 1 Title

Respondent 1 Initial

Respondent 1 Forename

Respondent 1 Surname

Respondent 1 Relationship

Respondent 1 Address 1

Respondent 1 Address 2

Respondent 1 Town

Respondent 1 County

Respondent 1 Postcode

Respondent 2 Title

Respondent 2 Initial

Respondent 2 Forename

Respondent 2 Surname

Respondent 2 Relationship

Respondent 2 Address 1

Respondent 2 Address 2

DEPUTYSHIP - NOTIFIED PEOPLE

Please give details of all persons who are to be notified of this application. If they have already been named as respondents you do not need to enter again

Notified Person 1 Title

Notified Person 1 Initial

Notified Person 1 Forename

Notified Person 1 Surname

Notified Person 1 Address 1

Notified Person 1 Address 2

Notified Person 1 Town

Notified Person 1 County

Notified Person 1 Postcode

Notified Person 1 Relationship

Notified Person 2 Title

Notified Person 2 Initial

Notified Person 2 Forename

Notified Person 2 Surname

Notified Person 2 Address 1

Notified Person 2 Address 2

DEPUTYSHIP - SOCIAL SERVICES

Social Services

(None selected) ⌄   🔍 ✎ ＋

(None selected)

CLASS - Canterbury Social Services (Brook House Canterbury Kent - CT2 8SG), 01227784754

Social Services Contact

None selected ⌄   🔍 ✎ ＋

None selected

3 - Social Worker (Canterbury Social Services) (123 The Road Testington Kent - TE57 1NG),

Social Services Reference

[   ]

✓ Submit   Cancel

DEPUTYSHIP - CAPACITY ASSESSOR OR DOCTOR

Capacity Assessor Organisation

(None selected) ⌄   🔍 ✎ ＋

(None selected)

MEDCON - Medical Consultant (123 hehehe hj hjkh jhk - hjkhkjh),

MEDEXPERT - Medical Expert (-),

Capacity Assessor Contact

None selected ⌄   🔍 ✎ ＋

None selected

4 - Medical Consultant (Medical Consultant) (-),

10 - Medical Expert (Medical Expert) (-),

Capacity Assessor Reference

[   ]

✓ Submit   Cancel

ALLOCATE A CUSTOM QUESTIONNAIRE

DEPUTYSHIP – APPLICANT 1 COP4 RETURNED

Applicant 1 COP4 Returned

Please Select ⌄
Please Select
Yes
No

✓ Submit   Cancel

ALLOCATE A CUSTOM QUESTIONNAIRE

DEPUTYSHIP – APPLICANT 2 COP4 RETURNED

Applicant 2 COP4 Returned

Please Select ⌄
Please Select
Yes
No

✓ Submit   Cancel

ALLOCATE A CUSTOM QUESTIONNAIRE

DEPUTYSHIP - COURT OF PROTECTION

Court of Protection

| (None selected) ⌄ | 🔍 ✏️ +
| --- |
| (None selected) |
| COP - Court of Protection (PO Box 70185 First Avenue House 42-49 High Holborn London - WC1A 9JA), |

Court of Protection Reference

[   ]

✓ Submit   Cancel

ALLOCATE A CUSTOM QUESTIONNAIRE

DEPUTYSHIP - DATE OF STAMPED APPLICATION

Date of Stamped Application

| Select a date 📅 |

✓ Submit   Cancel

ALLOCATE A CUSTOM QUESTIONNAIRE

DEPUTYSHIP - COURT OF PROTECTION

Court of Protection

| (None selected) | ∨ | 🔍 | ✏️ | + |

| (None selected) |
| COP - Court of Protection (PO Box 70185 First Avenue House 42-49 High Holborn London - WC1A 9JA), |

Court of Protection Reference

✓ Submit   Cancel

ALLOCATE A CUSTOM QUESTIONNAIRE

DEPUTYSHIP - ARE WE SERVING THE NOTICE?

Are we Serving the Notices?

| Please Select | ∨ |

| Please Select |
| Yes |
| No |

✓ Submit   Cancel

ALLOCATE A CUSTOM QUESTIONNAIRE

DEPUTYSHIP - WHAT DATE WILL YOU BE SERVING NOTICE?

Client 1 Date Notified of Application

| Select a date | 📅 |

✓ Submit   Cancel

ALLOCATE A CUSTOM QUESTIONNAIRE

DEPUTYSHIP – RES 1 NOTICE OF ISSUED APP SERVED

Respondent 1 Date Notified of Application

| Select a date | 📅 |

✓ Submit   Cancel

ALLOCATE A CUSTOM QUESTIONNAIRE

DEPUTYSHIP – RES 2 NOTICE OF ISSUED APP SERVED

Respondent 2 Date Notified of Application

Select a date	🗓

✔ Submit   Cancel

ALLOCATE A CUSTOM QUESTIONNAIRE

DEPUTYSHIP – RES 3 NOTICE OF ISSUED APP SERVED

Respondent 3 Date Notified of Application

Select a date	🗓

✔ Submit   Cancel

ALLOCATE A CUSTOM QUESTIONNAIRE

DEPUTYSHIP – RES 4 NOTICE OF ISSUED APP SERVED

Respondent 4 Date Notified of Application

Select a date	🗓

✔ Submit   Cancel

ALLOCATE A CUSTOM QUESTIONNAIRE

DEPUTYSHIP – NTFY 1 NOTICE OF ISSUED APP SERVED

Notified Person 1 Date Notified of Application

Select a date	🗓

✔ Submit   Cancel

ALLOCATE A CUSTOM QUESTIONNAIRE

DEPUTYSHIP – NTFY 2 NOTICE OF ISSUED APP SERVED

Notified Person 2 Date Notified of Application

Select a date	🗓

✔ Submit   Cancel

ALLOCATE A CUSTOM QUESTIONNAIRE

DEPUTYSHIP – NTFY 3 NOTICE OF ISSUED APP SERVED

Notified Person 3 Date Notified of Application

Select a date	🗓

✔ Submit   Cancel

DEPUTYSHIP – NTFY 4 NOTICE OF ISSUED APP SERVED

Notified Person 4 Date Notified of Application

| Select a date | 🗓 |

✓ Submit   Cancel

DEPUTYSHIP - DATE NOTICE SERVED TO SUBJECT

Client 1 Date Notified of Application

| Select a date | 🗓 |

✓ Submit   Cancel

DEPUTYSHIP - DATES NOTICE SERVED TO NOT PEOPLE?

Respondent 1 Date Notified of Application

| Select a date | 🗓 |

✓ Submit   Cancel

DEPUTYSHIP - HAS THE APPLICATION BEEN APPROVED?

Application Approved by the COP

| Please Select | ⌄ |

Please Select

Yes

No

✓ Submit   Cancel

ALLOCATE A CUSTOM QUESTIONNAIRE

DEPUTYSHIP - IS A SECURITY BOND REQUIRED?

Is a Security Bond Required?

Please Select ⌄

Please Select
Yes
No

✓ Submit   Cancel

ALLOCATE A CUSTOM QUESTIONNAIRE

DEPUTYSHIP - IS A HEARING REQUIRED?

Is an Initial Hearing Required?

Please Select ⌄

Please Select
Yes
No

✓ Submit   Cancel

ALLOCATE A CUSTOM QUESTIONNAIRE

DEPUTYSHIP – DATE OF NOTIFICATION OF THE HEARING?

Date of Hearing Notification

Select a date   🗓

✓ Submit   Cancel

ALLOCATE A CUSTOM QUESTIONNAIRE

DEPUTYSHIP - WHAT IS THE DATE OF THE HEARING?

Date of Hearing

Select a date   🗓

✓ Submit   Cancel

ALLOCATE A CUSTOM QUESTIONNAIRE

DEPUTYSHIP - DATE NOTICE OF HEARING SERVED

Client 1 Date Notified of Hearing

Select a date   🗓

✓ Submit   Cancel

DEPUTYSHIP - DATE NOTICE OF HEARING SERVED

Client 1 Date Notified of Hearing

Select a date	📅

✓ Submit   Cancel

App approved. Security Bond

Required

{INCLUDETEXT
"C:\\Users\\neilb\\AppData\\Local\\Packages\\PraccticeLimited.OspreyApproachSupervisor
App_expxx2x1s6rv4\\LocalState\\OspreyDocuments\\fcc86128-d5fd-43f7-b874-
377f2a26e968\\header.doc"**}**

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, I have now had a response from the Court of
Protection and am pleased to say that they have approved the application your appointment
as deputy for **{** IF **{** MERGEFIELD FW_INSTR_FW_APP_TYPE **}** = "Appointment of deputy
for property and affairs" "Property and Affairs" **{** IF **{** MERGEFIELD
FW_INSTR_FW_APP_TYPE **}** = "Appointment of deputy for personal welfare" "Personal
Welfare" **} }** for **{** 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" **}** subject to a Security Bond being set up.

A Security Bond is a type of insurance that protects the finances of the person you are a
deputy for. There are a number of Security Bond providers available, and they will charge a
premium based on the value of the assets and how much of their estate you control.

The Court of Protection has ordered that a Security Bond for a value of **{** FORMTEXT **}**
should be put in place. I have obtained a quote from several bond providers which I attach
for your information. Please let me know which provider you would like to use and let me
have payment of the premium and once I receive this I will make arrangements to put this in
place and inform the Court of Protection.

Please do not hesitate to contact me if you have any queries.

Yours sincerely

{INCLUDETEXT
"C:\\Users\\neilb\\AppData\\Local\\Packages\\PraccticeLimited.OspreyApproachSupervisorA
pp_expxx2x1s6rv4\\LocalState\\OspreyDocuments\\fcc86128-d5fd-43f7-b874-
377f2a26e968\\footer.doc"**}**

{ MERGEFIELD CALCULATION_FEE_EARNER_DESCRIPTION }
{ MERGEFIELD PRACTICEINFO_PRACTICE_NAME*UPPER }

App not approved. Further info

required

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, I have now had a response from the Court of Protection.

The court has not approved the application for your appointment as deputy for **{** IF **{** MERGEFIELD FW_INSTR_FW_APP_TYPE **}** = "Appointment of deputy for property and affairs" "Property and Affairs" **{** IF **{** MERGEFIELD FW_INSTR_FW_APP_TYPE **}** = "Appointment of deputy for personal welfare" "Personal Welfare" **} }** for **{** 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" **}** at this time and they have requested further information in order to consider the application.

Yours sincerely

{ MERGEFIELD CALCULATION_FEE_EARNER_DESCRIPTION }
{ MERGEFIELD PRACTICEINFO_PRACTICE_NAME*UPPER }

{INCLUDETEXT
"C:\\Users\\neilb\\AppData\\Local\\Packages\\PraccticeLimited.OspreyApproachSupervisorA
pp_expxx2x1s6rv4\\LocalState\\OspreyDocuments\\0acb3330-edff-4ddc-9cb5-
8e454acf1b45\\footer.doc"**}**

App not approved. Hearing

required

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, I have now heard from the Court of Protection
regarding your appointment as Deputy for **{** IF **{** MERGEFIELD FW_INSTR_FW_APP_TYPE
} = "Appointment of deputy for property and affairs" "Property and Affairs" **{** IF **{**
MERGEFIELD FW_INSTR_FW_APP_TYPE **}** = "Appointment of deputy for personal
welfare" "Personal Welfare" **} }** for **{** 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" **}**.

They have assessed the application and they have deemed a hearing is required and have
scheduled this for **{** MERGEFIELD FW_PROG_FW_APP_HDATE1 \@ "d MMMM yyyy"**}** at **{**
FORMTEXT **}**. This hearing will take place at **{** FORMTEXT **}**.

If you have any queries please do not hesitate to contact me.

Yours sincerely

{ MERGEFIELD CALCULATION_FEE_EARNER_DESCRIPTION }
{ MERGEFIELD PRACTICEINFO_PRACTICE_NAME*UPPER }

{INCLUDETEXT
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Blank Letter to Applicant 1

{INCLUDETEXT
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c9709e1e350d\\header.doc"**}**

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", "**}**
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{ 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 }**

Yours sincerely

{ MERGEFIELD CALCULATION_FEE_EARNER_DESCRIPTION }
{ MERGEFIELD PRACTICEINFO_PRACTICE_NAME*UPPER }

{INCLUDETEXT
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c9709e1e350d\\footer.doc"**}**

Blank Letter to Applicant 2

{INCLUDETEXT
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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_APP2_FW_A2_TITLE **} {** MERGEFIELD FW_APP2_FW_A2_INITIAL **}**
{ MERGEFIELD FW_APP2_FW_A2_SNAME**}**
{ 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" "**}**

Dear **{** MERGEFIELD FW_APP2_FW_A2_TITLE **} {** MERGEFIELD
FW_APP2_FW_A2_SNAME **}**

Re: **{ MERGEFIELD MATTER_MATTER_DESCRIPTION }**

Yours sincerely

{ MERGEFIELD CALCULATION_FEE_EARNER_DESCRIPTION }
{ MERGEFIELD PRACTICEINFO_PRACTICE_NAME*UPPER }

{INCLUDETEXT
"C:\\Users\\neilb\\AppData\\Local\\Packages\\PraccticeLimited.OspreyApproachSupervisorA
pp_expxx2x1s6rv4\\LocalState\\OspreyDocuments\\b9d883f1-6fa6-4804-abe9-
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Blank Letter to Capacity

Assessor/Doctor

{INCLUDETEXT "C:\\Users\\neilb\\AppData\\Local\\Packages\\PraccticeLimited.OspreyApproachSupervisorApp_expxx2x1s6rv4\\LocalState\\OspreyDocuments\\a307bb15-0aa5-432f-b181-867af233598f\\header.doc"**}**

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

Your Ref: **{** MERGEFIELD FW_OP_FW_CA_REF **}**

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

{ MERGEFIELD FW_OP_FW_CA_CON_title **}** **{** MERGEFIELD FW_OP_FW_CA_CON_initials **}** **{** MERGEFIELD FW_OP_FW_CA_CON_surname **}**
{ MERGEFIELD FW_OP_FW_CA_ORG_name **}**
{ MERGEFIELD FW_OP_FW_CA_ORG_address **}**

Dear Sirs,

Re: **{ MERGEFIELD MATTER_MATTER_DESCRIPTION }**

Yours Faithfully,

{ MERGEFIELD CALCULATION_FEE_EARNER_DESCRIPTION }
{ MERGEFIELD PRACTICEINFO_PRACTICE_NAME*UPPER }

{INCLUDETEXT "C:\\Users\\neilb\\AppData\\Local\\Packages\\PraccticeLimited.OspreyApproachSupervisorApp_expxx2x1s6rv4\\LocalState\\OspreyDocuments\\a307bb15-0aa5-432f-b181-867af233598f\\footer.doc"**}**

Blank Letter to Client

{INCLUDETEXT
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App_expxx2x1s6rv4\\LocalState\\OspreyDocuments\\f7cd5c43-665d-45bd-9efc-
aebf14ff40b2\\header.doc"**}**

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

Your Ref:

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

{ MERGEFIELD "FW_PER_REL_FW_CLI1_TITLE" **} {** MERGEFIELD
"FW_PER_REL_FW_CLI1_INITIAL" **} {** MERGEFIELD "FW_PER_REL_FW_CLI1_SNAME"
}
{ MERGEFIELD CALCULATION_ADDRESS **}**

Dear **{** MERGEFIELD "FW_PER_REL_FW_CLI1_TITLE" **} {** MERGEFIELD
"FW_PER_REL_FW_CLI1_SNAME" **}**,

Re: { MERGEFIELD MATTER_MATTER_DESCRIPTION }

Yours sincerely,

{ MERGEFIELD CALCULATION_FEE_EARNER_DESCRIPTION }
{ MERGEFIELD PRACTICEINFO_PRACTICE_NAME*UPPER }

{INCLUDETEXT
"C:\\Users\\neilb\\AppData\\Local\\Packages\\PraccticeLimited.OspreyApproachSupervisorA
pp_expxx2x1s6rv4\\LocalState\\OspreyDocuments\\f7cd5c43-665d-45bd-9efc-
aebf14ff40b2\\footer.doc"**}**

Blank Letter to Notified Person 1

{INCLUDETEXT
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fde03d49e1ed\\header.doc"**}**

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

Your Ref:

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

{ MERGEFIELD FW_NTFY_FW_NTFY1_TITLE **} {** MERGEFIELD
FW_NTFY_FW_NTFY1_INIT **} {** MERGEFIELD FW_NTFY_FW_NTFY1_SNAME **}**
{ MERGEFIELD FW_NTFY_FW_NTFY1_ADD1 \f", "**}**
{ MERGEFIELD FW_NTFY_FW_NTFY1_ADD2 \f", "**}**
{ MERGEFIELD FW_NTFY_FW_NTFY1_TOWN \f", "**}**
{ MERGEFIELD FW_NTFY_FW_NTFY1_COUNTY \f", "**}**
{ MERGEFIELD FW_NTFY_FW_NTFY1_PCODE \f" "**}**

Dear **{** MERGEFIELD FW_NTFY_FW_NTFY1_TITLE **} {** MERGEFIELD
FW_NTFY_FW_NTFY1_SNAME **}**

Re: **{ MERGEFIELD MATTER_MATTER_DESCRIPTION }**

Yours sincerely

{ MERGEFIELD CALCULATION_FEE_EARNER_DESCRIPTION }
{ MERGEFIELD PRACTICEINFO_PRACTICE_NAME*UPPER }

{INCLUDETEXT
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Blank Letter to Notified Person 2

{INCLUDETEXT
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868003ea97d9\\header.doc"**}**

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

Your Ref:

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

{ MERGEFIELD FW_NTFY2_FW_NTFY2_TITLE **} {** MERGEFIELD
FW_NTFY2_FW_NTFY2_INIT **} {** MERGEFIELD FW_NTFY2_FW_NTFY2_SNAME **}**
{ MERGEFIELD FW_NTFY2_FW_NTFY2_ADD1 \f", "**}**
{ MERGEFIELD FW_NTFY2_FW_NTFY2_ADD2 \f", "**}**
{ MERGEFIELD FW_NTFY2_FW_NTFY2_TOWN \f", "**}**
{ MERGEFIELD FW_NTFY2_FW_NTFY2_COUNTY \f", "**}**
{ MERGEFIELD FW_NTFY2_FW_NTFY2_PCODE \f" "**}**

Dear **{** MERGEFIELD FW_NTFY2_FW_NTFY2_TITLE **} {** MERGEFIELD
FW_NTFY2_FW_NTFY2_SNAME **}**

Re: **{ MERGEFIELD MATTER_MATTER_DESCRIPTION }**

Yours sincerely

{ MERGEFIELD CALCULATION_FEE_EARNER_DESCRIPTION }
{ MERGEFIELD PRACTICEINFO_PRACTICE_NAME*UPPER }

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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_NTFY3_FW_NTFY3_TITLE **} {** MERGEFIELD
FW_NTFY3_FW_NTFY3_INIT **} {** MERGEFIELD FW_NTFY3_FW_NTFY3_SNAME **}**
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{ MERGEFIELD FW_NTFY3_FW_NTFY3_TOWN \f", "**}**
{ MERGEFIELD FW_NTFY3_FW_NTFY3_COUNTY \f", "**}**
{ MERGEFIELD FW_NTFY3_FW_NTFY3_PCODE \f" "**}**

Dear **{** MERGEFIELD FW_NTFY3_FW_NTFY3_TITLE **} {** MERGEFIELD
FW_NTFY3_FW_NTFY3_SNAME **}**

Re: **{ MERGEFIELD MATTER_MATTER_DESCRIPTION }**

Yours sincerely

{ MERGEFIELD CALCULATION_FEE_EARNER_DESCRIPTION }
{ MERGEFIELD PRACTICEINFO_PRACTICE_NAME*UPPER }

Blank Letter to Notified Person 4

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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_NTFY4_FW_NTFY4_TITLE **} {** MERGEFIELD
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{ MERGEFIELD FW_NTFY4_FW_NTFY4_COUNTY \f", "**}**
{ MERGEFIELD FW_NTFY4_FW_NTFY4_PCODE \f" "**}**

Dear **{** MERGEFIELD FW_NTFY4_FW_NTFY4_TITLE **} {** MERGEFIELD
FW_NTFY4_FW_NTFY4_SNAME **}**

Re: **{ MERGEFIELD MATTER_MATTER_DESCRIPTION }**

Yours sincerely

{ MERGEFIELD CALCULATION_FEE_EARNER_DESCRIPTION }
{ MERGEFIELD PRACTICEINFO_PRACTICE_NAME*UPPER }

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

Your Ref: **{** MERGEFIELD FW_OP_FW_COP_REF **}**

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

{ MERGEFIELD ORGANISATION_ORGANISATION_NAME **}**
{ MERGEFIELD FW_OP_FW_COP_ORG_address **}**

Dear Sirs,

Re: **{ MERGEFIELD MATTER_MATTER_DESCRIPTION }**

Yours Faithfully,

{ MERGEFIELD CALCULATION_FEE_EARNER_DESCRIPTION }
{ MERGEFIELD PRACTICEINFO_PRACTICE_NAME*UPPER }

{INCLUDETEXT
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Blank Letter to Respondent 1

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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_RES_FW_RES1_TITLE **} {** MERGEFIELD
FW_RES_FW_RES1_INITIAL **} {** MERGEFIELD FW_RES_FW_RES1_SNAME **}**
{ MERGEFIELD FW_RES_FW_RES1_ADD1 \f", "**}**
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{ MERGEFIELD FW_RES_FW_RES1_TOWN \f", "**}**
{ MERGEFIELD FW_RES_FW_RES1_COUNTY \f", "**}**
{ MERGEFIELD FW_RES_FW_RES1_PCODE \f" "**}**

Dear **{** MERGEFIELD FW_RES_FW_RES1_TITLE **} {** MERGEFIELD
FW_RES_FW_RES1_SNAME **}**

Re: { MERGEFIELD MATTER_MATTER_DESCRIPTION }

Yours sincerely

{ MERGEFIELD CALCULATION_FEE_EARNER_DESCRIPTION }
{ MERGEFIELD PRACTICEINFO_PRACTICE_NAME*UPPER }

{INCLUDETEXT
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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_RES2_FW_RES2_TITLE **} {** MERGEFIELD
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{ MERGEFIELD FW_RES2_FW_RES2_COUNTY \f", "**}**
{ MERGEFIELD FW_RES2_FW_RES2_PCODE \f" "**}**

Dear **{** MERGEFIELD FW_RES2_FW_RES2_TITLE **} {** MERGEFIELD
FW_RES2_FW_RES2_SNAME **}**

Re: { MERGEFIELD MATTER_MATTER_DESCRIPTION }

Yours sincerely

{ MERGEFIELD CALCULATION_FEE_EARNER_DESCRIPTION }
{ MERGEFIELD PRACTICEINFO_PRACTICE_NAME*UPPER }

{INCLUDETEXT
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Blank Letter to Respondent 3

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

Your Ref:

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

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{ MERGEFIELD FW_RES3_FW_RES3_COUNTY \f", "**}**
{ MERGEFIELD FW_RES3_FW_RES3_PCODE \f" "**}**

Dear **{** MERGEFIELD FW_RES3_FW_RES3_TITLE **} {** MERGEFIELD
FW_RES3_FW_RES3_SNAME **}**

Re: **{ MERGEFIELD MATTER_MATTER_DESCRIPTION }**

Yours sincerely

{ MERGEFIELD CALCULATION_FEE_EARNER_DESCRIPTION }
{ MERGEFIELD PRACTICEINFO_PRACTICE_NAME*UPPER }

Blank Letter to Respondent 4

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

Your Ref:

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

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{ MERGEFIELD FW_RES4_FW_RES4_COUNTY \f", "**}**
{ MERGEFIELD FW_RES4_FW_RES4_PCODE \f" "**}**

Dear **{** MERGEFIELD FW_RES4_FW_RES4_TITLE **} {** MERGEFIELD
FW_RES4_FW_RES4_SNAME **}**

Re: **{ MERGEFIELD MATTER_MATTER_DESCRIPTION }**

Yours sincerely

{ MERGEFIELD CALCULATION_FEE_EARNER_DESCRIPTION }
{ MERGEFIELD PRACTICEINFO_PRACTICE_NAME*UPPER }

{INCLUDETEXT
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Provider

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

Your Ref: **{** MERGEFIELD FW_OP_FW_SEC_BOND_REF **}**

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

{ MERGEFIELD FW_OP_FW_SEC_BOND_ORG_name **}**
{ MERGEFIELD FW_OP_FW_SEC_BOND_ORG_address **}**

Dear Sirs,

Re: **{ MERGEFIELD MATTER_MATTER_DESCRIPTION }**

Yours Faithfully,

{ MERGEFIELD CALCULATION_FEE_EARNER_DESCRIPTION }
{ MERGEFIELD PRACTICEINFO_PRACTICE_NAME*UPPER }

{INCLUDETEXT
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Blank Letter to Social Services

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

Your Ref: **{** MERGEFIELD FW_OP_FW_SOC_SERV_REF **}**

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

{ MERGEFIELD FW_OP_FW_SOC_SERV_CON_title **} {** MERGEFIELD
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FW_OP_FW_SOC_SERV_CON_surname **}**
{ MERGEFIELD FW_OP_FW_SOC_SERV_ORG_name **}**
{ MERGEFIELD FW_OP_FW_SOC_SERV_ORG_address **}**

Dear Sirs,

Re: { MERGEFIELD MATTER_MATTER_DESCRIPTION }

Yours Faithfully,

{ MERGEFIELD CALCULATION_FEE_EARNER_DESCRIPTION }
{ MERGEFIELD PRACTICEINFO_PRACTICE_NAME*UPPER }

Client Care Letter

{INCLUDETEXT
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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 }**

I am **{** MERGEFIELD CALCULATION_FEE_EARNER_DESCRIPTION **}**, a **{** MERGEFIELD
CALCULATION_STATUS_DESCRIPTION **}**, in the Private Client Department. I will have
conduct of your matter throughout. I am supervised by **{** MERGEFIELD
CALCULATION_EXECUTIVE_NAME **}** who will also be aware of your matter.

Your Instructions

You have instructed me to prepare an application to the Court of Protection for the
appointment of yourself as the Deputy for **{** IF **{** MERGEFIELD FW_INSTR_FW_APP_TYPE
} = "Appointment of deputy for property and affairs" "property and affairs" **{** IF **{**
MERGEFIELD FW_INSTR_FW_APP_TYPE **}** = "Appointment of deputy for personal
welfare" "personal welfare" **} }** of **{** MERGEFIELD FW_PER_REL_FW_CLI1_TITLE **} {**
MERGEFIELD FW_PER_REL_FW_CLI1_FNAME \f" " **}{** MERGEFIELD
"FW_PER_REL_FW_CLI1_MNAME" \f" " **}{** MERGEFIELD
"FW_PER_REL_FW_CLI1_SNAME" **}** so that you can make decisions on their behalf on the
grounds that they lack capacity to make those decisions.

Our Advice

A deputy is an individual appointed by the Court of Protection to make decisions on behalf of
an individual who lacks capacity to take the decisions themselves. A deputy may be
appointed to make decisions about a person's property and finances or about a person's
health and welfare.

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pp_expxx2x1s6rv4\\LocalState\\OspreyDocuments\\f43d79e0-bf96-465a-b4f1-
a19f1b75f71f\\footer.doc"**}**

A property and financial affairs deputy is typically authorised to make decisions about things such as operating bank and building society accounts, the buying and selling of the person's house and other assets, dealing with their tax affairs, claiming and receiving benefits and pension payments, and paying household, care and other bills.

A health and welfare deputy is typically authorised to make decisions relating to things such as where the person should live and what care they should receive, consenting to or refusing medical treatment on their behalf, and day-to-day matters such as the person's diet, clothes and daily routine.

When is a deputyship application appropriate?

When an individual loses capacity to manage their property and financial affairs or to make decisions about their health and welfare, there are several different options for making decisions on their behalf.

The individual may have planned ahead for this situation and made a valid enduring power of attorney (EPA) or lasting power of attorney (LPA) whilst they still had mental capacity to do so. In this case, the attorney(s) appointed under this power should be able to step in to start making decisions on the person's behalf providing they are still able and willing to act. An EPA will only ever cover decisions relating to property and financial affairs whereas LPAs can be made to cover property and financial affairs and/or health and welfare decisions.

In the absence of a valid EPA or LPA, it may be necessary to make an application to the Court of Protection for the appointment of a deputy. This is particularly the case for property and financial affairs decision making where the incapacity is likely to continue into the future and where multiple ongoing decisions are likely to be required.

It is worth noting that there is some scope for informal decision making to be made in respect of health and welfare decisions, with carers and health professionals empowered to carry out many day to day acts in the best interests of an incapacitated individual, for example helping the person with eating, drinking, medication, personal care, provision of nursing care etc. These informal powers may be sufficient in some cases although in other cases, the appointment of a health and welfare deputy might be prudent. For example, where consecutive serious medical treatment decisions are likely to be required, or where the decisions that need to be made are particularly complex or difficult or there is dispute between family members as to what is in the person's best interests.

In some circumstances it might be appropriate to apply to the Court of Protection to make a one-off decision in respect of a person who lacks capacity (eg authorisation to sell the person's house) as an alternative to an ongoing deputyship appointment.

In this case it is our advice that a deputyship for **{** IF **{** MERGEFIELD FW_INSTR_FW_APP_TYPE **}** = "Appointment of deputy for property and affairs" "property and affairs" **{** IF **{** MERGEFIELD FW_INSTR_FW_APP_TYPE **}** = "Appointment of deputy for personal welfare" "personal welfare" **} }** would be the most appropriate course of action.

Who may be appointed deputy?

No person has an automatic right to be appointed in priority to another and the Court of Protection has the final say over who should be appointed. The court will consider the choice of deputy carefully having regard to the best interests of the incapacitated person and will want to ensure that the deputy has the right level of skill and competence.

In practice, a close family member is often appointed. Where there is no such person willing or able to act, a close friend, a solicitor or even a local authority might be appointed. A solicitor might also be an appropriate choice where the incapacitated person has high value or complex financial affairs or where there is conflict amongst family members as to whom should be appointed.

The court may appoint two or more deputies and they may be appointed jointly or separately or jointly for certain key decisions and separately for other decisions.

The same person(s) or different person(s) may be appointed as property and financial affairs and health and welfare deputies.

Next Steps

To apply for a deputy to be appointed for an individual lacking capacity to manage their affairs, an application must be submitted to the Court of Protection. The application process involves providing the court with detailed information about the circumstances of the incapacitated individual, evidence of the person's incapacity and a declaration by the proposed deputy, which assists the court in ensuring that the right person is appointed. In the case of a property and affairs deputyship, it will also be necessary to submit detailed information about the person's finances. In the case of a health and welfare deputyship, information about the person's doctor and any treating NHS body will be required as well as details of individuals with whom the person has regular contact.

To prepare the application I will need to contact **{** MERGEFIELD FW_PER_REL_FW_CLI1_TITLE **} {** MERGEFIELD FW_PER_REL_FW_CLI1_SNAME **}**'s doctor in order to obtain an assessment of capacity. This is a requirement of the application process and they may render a charge for this service which will need to be paid before they complete the required form.

As mentioned above you will need to complete a Deputy's declaration which I will send you in due course.

A fee of £365 is also payable with the application although some people can get exemptions or reductions on the fees depending on their financial circumstances. You'll also need to pay £485 if the court decides your case needs a hearing.

Once the application has been submitted, the court will then assess the applicant's suitability as a deputy from the information provided. There is also a process for notifying the person you are applying to be a deputy for, and for notifying other interested parties such as family members or friends of the person.

Once the various notifications have been given and providing no queries or objections are raised to the proposed appointment, the court will issue the order appointing the deputy. This order will set out the scope of the deputy's authority, provide for payment of any costs incurred and, in the case of property and affairs deputyships, will usually require the deputy to take out a 'security bond'. The bond is insurance that protects the assets of the person whose affairs and property the deputy is managing. Where such a security bond is required, the deputy will not be able to start acting until the bond is in place.

It will typically take several months from submitting the application to receiving a decision from the Court of Protection and the deputy being in a position to act. It is therefore important not to delay in submitting the application where a deputy is required to act urgently.

I will also require you to sign and return the enclosed client care documentation as soon as possible.

If you have any questions, please do not hesitate to contact me.

I look forward to hearing from you.

Yours sincerely

{ MERGEFIELD CALCULATION_FEE_EARNER_DESCRIPTION }
{ MERGEFIELD PRACTICEINFO_PRACTICE_NAME*UPPER }

COP1 – Application form 12/17

Court of Protection
Application form

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

**Your application will not be complete unless all the relevant
forms and annexes, including where appropriate COP3
(and COP4), are submitted together with a fee or remission
request (Please see COP1 guidance). Please submit the COP1
application form in duplicate.**

SEAL

This form is **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

Section 1 – Type of application

1.1   What type of application do you intend to make?

Deputy, proposed deputy or other:	Tick	Enclose Annex/ Form:
Appointment of deputy for property and affairs	**{**IF **{** MERGEFIELD FW_INSTR_FW_APP_TYPE	COP1A

	}= "Appointment of deputy for property and affairs" ☑ ☐**}**	
Property and affairs (where deputy not required)	{ FORMCHECKBOX }	COP1A
Appointment of deputy for personal welfare	**{**IF **{** MERGEFIELD FW_INSTR_FW_	COP1B

		{APP_TYPE}= "Appointment of deputy for personal welfare" ☑ □}	
	Personal welfare order (where deputy not required)	{FORMCHECKBOX}	COP1B
	Application relating to a statutory will, codicil, gift(s), deed of variation or other settlement of property	{FORMCHECKBOX}	COP1C
	Application relating to the appointment or discharge of a trustee	{FORMCHECKBOX}	COP1D and COP12
	Application by existing deputy	{FORMCHECKBOX}	COP1E

Enduring Powers of Attorney (EPA) or Lasting Powers of Attorney (LPA):	Tick	Enclose Annex/ Form:
Other applications	{ FORMCHECKBOX }	COP24

Enduring Powers of Attorney (EPA) or **Lasting Powers of Attorney (LPA):**	Tick	Enclose Annex/ Form:
Question of validity or operation of an EPA/LPA	{ FORMCHECKBOX }	COP1F
Application relating to a statutory will, codicil, gift(s), deed of variation or other settlement of property	{ FORMCHECKBOX }	COP1C
Application relating to the appointment or discharge of a trustee	{ FORMCHECKBOX }	COP1D and COP12
Application by existing attorney	{ FORMCHECKBOX }	COP1E
Other applications	{ FORMCHECKBOX }	COP24

1.2   Do you require permission to make the application?   **{ FORMCHECKBOX }** Yes, you must complete section 6

{ FORMCHECKBOX } No

1.3   Do you require urgent interim order/directions?   **{ FORMCHECKBOX }** Yes, complete the box below

{ FORMCHECKBOX } No

Please state the order/directions sought and reasons for the urgency – You can attach draft interim order/directions

{ FORMTEXT }

Section 2 – Your details (the applicant(s))

2.1	First applicant	**{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 **{** <u>FORMTEXT</u> **}**
	Full name	**{** IF **{** MERGEFIELD FW_APP1_FW_A1_MNAME **}** <> "" "**{** MERGEFIELD FW_APP1_FW_A1_FNAME **} {** MERGEFIELD FW_APP1_FW_A1_MNAME **} {** MERGEFIELD FW_APP1_FW_A1_SNAME **}**" "**{** MERGEFIELD FW_APP1_FW_A1_FNAME **} {** MERGEFIELD FW_APP1_FW_A1_SNAME **}**"**}**
	Address	**{** 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" "**}**
	Phone	**{** MERGEFIELD FW_APP1_FW_A1_PHONE_DAY **}**
	Email	**{** MERGEFIELD FW_APP1_FW_A1_EMAIL **}**
	Your relationship to the person to whom this application relates (eg Mother, Father, Brother)	**{** MERGEFIELD FW_APP1_FW_A1_RELATION **}**
	Second applicant	**{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 <u>FORMTEXT</u> **}**
	Full name	**{** IF **{** MERGEFIELD FW_APP2_FW_A2_MNAME **}** <>"" "**{** MERGEFIELD FW_APP2_FW_A2_FNAME **} {** MERGEFIELD FW_APP2_FW_A2_MNAME **} {** MERGEFIELD FW_APP2_FW_A2_SNAME **}**" "**{** MERGEFIELD FW_APP2_FW_A2_FNAME **} {** MERGEFIELD FW_APP2_FW_A2_SNAME **}**" **}**
	Address	**{** 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" "**}**
Phone	**{** MERGEFIELD FW_APP2_FW_A2_PHONE_DAY **}**
Email	**{** MERGEFIELD FW_APP2_FW_A2_EMAIL **}**

Your relationship to the person to whom this application relates (eg Mother, Father, Brother)	**{** MERGEFIELD FW_APP2_FW_A2_RELATION **}**

(If more than 2 applicants, please continue on a separate sheet)

2.2   In what capacity are you making the application?

{ FORMCHECKBOX **}** Proposed deputy/deputy   **{** FORMCHECKBOX **}** I am the person to whom this application relates

{ FORMCHECKBOX **}** Attorney   **{** FORMCHECKBOX **}** Other (give details)   **{** FORMTEXT **}**

2.3   Please state one address that official documentation should be sent to at this stage (please note unless stated below the documentation will be sent to Applicant 1's address)

{ FORMCHECKBOX **}** Applicant 1's address   **{** FORMCHECKBOX **}** Applicant 2's address

{ FORMCHECKBOX **}** Solicitors address (if a solicitor is representing you, please give details below)

{ FORMCHECKBOX **}** Other address (if you do not have a solicitor but have an alternative address you would like
documentation to be sent to, please give details below)

Contact or Solicitors name	**{** MERGEFIELD PRACTICEINFO_PRACTICE_NAME **}**
Full name	**{** MERGEFIELD CALCULATION_FEE_EARNER_DESCRIPTION **}**
Address	**{** MERGEFIELD PRACTICEINFO_HOUSE \f" "**}** **{** MERGEFIELD PRACTICEINFO_AREA \f" "**}** **{** MERGEFIELD PRACTICEINFO_POSTAL_TOWN \f" "**}** **{** MERGEFIELD PRACTICEINFO_COUNTY \f" "**}** **{** MERGEFIELD PRACTICEINFO_POSTCODE \f" "**}**
Phone	**{** MERGEFIELD PRACTICEINFO_PHONE_NO **}**
Email	**{** MERGEFIELD CALCULATION_FEE_EARNER_EMAIL **}**

DX no.	{ MERGEFIELD PRACTICEINFO_DX_NO }

Section 3 – The person to whom this application relates

3.1	**{**IF **{** MERGEFIELD FW_PER_REL_FW_CLI1_TITLE **}** = "Mr" ☑ ☐**}** Mr. **{**IF **{** MERGEFIELD FW_PER_REL_FW_CLI1_TITLE **}**= "Mrs" ☑ ☐**}** Mrs. **{**IF **{** MERGEFIELD FW_PER_REL_FW_CLI1_TITLE **}**= "Miss" ☑ ☐**}** Miss **{**IF **{** MERGEFIELD FW_PER_REL_FW_CLI1_TITLE **}**= "Ms" ☑ ☐**}** Ms. **{** FORMCHECKBOX **}** Other **{** FORMTEXT **}**

First name(s)	{ MERGEFIELD "FW_PER_REL_FW_CLI1_FNAME" } { MERGEFIELD "FW_PER_REL_FW_CLI1_MNAME" }

Last name	{ MERGEFIELD FW_PER_REL_FW_CLI1_SNAME }

Address	**{** MERGEFIELD CLIENT_HOUSE \f" "**}** **{** MERGEFIELD CLIENT_AREA \f" "**}** **{** MERGEFIELD CLIENT_POSTAL_TOWN \f" "**}** **{** MERGEFIELD CLIENT_COUNTY \f" "**}** **{** MERGEFIELD CLIENT_POSTCODE \f" "**}**

Phone	**{** MERGEFIELD CALCULATION_PHONE **}**

Date of birth	{ MERGEFIELD FW_PER_REL_FW_CLI1_DOB }

{IF **{** MERGEFIELD FW_PER_REL_FW_CLI1_GENDER **}**= "Male" ☑ ☐**}** Male **{**IF **{** MERGEFIELD FW_PER_REL_FW_CLI1_GENDER **}**= "Female" ☑ ☐**}** Female

3.2   What type of accommodation is the person to whom the application relates living in?

(eg. Own home,   **{** FORMTEXT **}**
rented, care
home)

Date moved   **{** FORMTEXT **}**   **{** FORMCHECKBOX **}** Temporary   **{** FORMCHECKBOX **}** Permanent

3.3   Is the person to whom the application relates:

{ FORMCHECKBOX **}** Married or in a   Date of marriage/civil partnership   **{** FORMTEXT **}**
civil partnership

{ FORMCHECKBOX **}** Divorced or their   Date of divorce/dissolution   **{** FORMTEXT **}**
civil partnership
has dissolved

{ FORMCHECKBOX **}** Widowed or a   Date of death of spouse/civil partner   **{** FORMTEXT **}**
surviving civil partner

{ FORMCHECKBOX **}** In a relationship   **{** FORMCHECKBOX **}** Single   **{** FORMCHECKBOX **}**
with a person who   Separated
is not a spouse or civil partner, but
living together as if they were

3.4   Please identify any previous Court of Protection proceedings in respect of the person to whom the application relates.

Ref no.   **{** FORMTEXT **}**   Date of proceedings   **{** FORMTEXT **}**

Section 4 – Your application

4.1   What order are you asking the court to make?

{ MERGEFIELD FW_INSTR_FW_APP_ORDER **}**

4.2   If seeking appointment as a deputy

{IF **{** MERGEFIELD FW_INSTR_FW_APP_JOINT **}**= "Sole Deputyship" ☑ ☐**}**Sole deputyship

{IF **{** MERGEFIELD FW_INSTR_FW_APP_JOINT **}**= "Joint Deputyship" ☑ ☐**}** Joint deputyship

{IF **{** MERGEFIELD FW_INSTR_FW_APP_JOINT **}**= "Jointly and Severally" ☑ ☐**}** Jointly and severally

Section 5 – People to be served with/notified of this application

5.1 Please give details of all respondents who are to be served with this application

Full name including title	Relationship	Full address including postcode
{ MERGEFIELD FW_RES_FW_RES1_TITLE } { MERGEFIELD FW_RES_FW_RES1_FNAME } { MERGEFIELD FW_RES_FW_RES1_SNAME }	{ MERGEFIELD FW_RES_FW_RES1_REL }	{ MERGEFIELD FW_RES_FW_RES1_ADD1 \f" "} { MERGEFIELD FW_RES_FW_RES1_ADD2 \f" "} { MERGEFIELD FW_RES_FW_RES1_TOWN \f" "} { MERGEFIELD FW_RES_FW_RES1_COUNTY \f" "} { MERGEFIELD FW_RES_FW_RES1_PCODE \f" "}
{ MERGEFIELD "FW_RES2_FW_RES2_TITLE" } { MERGEFIELD "FW_RES2_FW_RES2_FNAME" } { MERGEFIELD "FW_RES2_FW_RES2_SNAME" }	{ MERGEFIELD FW_RES2_FW_RES2_REL }	{ MERGEFIELD "FW_RES2_FW_RES2_ADD1" \f" "} { MERGEFIELD "FW_RES2_FW_RES2_ADD2" \f" "} { MERGEFIELD "FW_RES2_FW_RES2_TOWN" \f" "} { MERGEFIELD "FW_RES2_FW_RES2_COUNTY" \f" "} { MERGEFIELD "FW_RES2_FW_RES2_PCODE" \f" "}
{ MERGEFIELD "FW_RES3_FW_RES3_TITLE" } { MERGEFIELD "FW_RES3_FW_RES3_FNAME" } { MERGEFIELD "FW_RES3_FW_RES3_SNAME" }	{ MERGEFIELD FW_RES3_FW_RES3_REL }	{ MERGEFIELD "FW_RES3_FW_RES3_ADD1" \f" "} { MERGEFIELD "FW_RES3_FW_RES3_ADD2" \f" "} { MERGEFIELD "FW_RES3_FW_RES3_TOWN" \f" "} { MERGEFIELD "FW_RES3_FW_RES3_COUNTY" \f" "} { MERGEFIELD "FW_RES3_FW_RES3_PCODE" \f" "}
{ MERGEFIELD "FW_RES4_FW_RES4_TITLE" } { MERGEFIELD "FW_RES4_FW_RES4_FNAME" } { MERGEFIELD "FW_RES4_FW_RES4_SNAME" }	{ MERGEFIELD "FW_RES4_FW_RES4_REL" }	{ MERGEFIELD FW_RES4_FW_RES4_ADD1 \f" "} { MERGEFIELD "FW_RES4_FW_RES4_ADD2" \f" "} { MERGEFIELD "FW_RES4_FW_RES4_TOWN" \f" "} { MERGEFIELD

| | | "FW_RES4_FW_RES4_COUNTY" \f" "} |
| | | { MERGEFIELD "FW_RES4_FW_RES4_PCODE" \f" "} |

5. Please give details of all persons who are to be notified of this application

2

Full name including title	Relationship	Full address including postcode
{ MERGEFIELD "FW_NTFY_FW_NTFY1_TITLE" } { MERGEFIELD "FW_NTFY_FW_NTFY1_FNAME" } { MERGEFIELD "FW_NTFY_FW_NTFY1_SNAME" }	{ MERGEFIELD "FW_NTFY_FW_NTFY1_REL" }	{ MERGEFIELD "FW_NTFY_FW_NTFY1_ADD1" \f" "} { MERGEFIELD "FW_NTFY_FW_NTFY1_ADD2" \f" "} { MERGEFIELD "FW_NTFY_FW_NTFY1_TOWN" \f" "} { MERGEFIELD "FW_NTFY_FW_NTFY1_COUNTY" \f" "} { MERGEFIELD "FW_NTFY_FW_NTFY1_PCODE" \f" "}
{ MERGEFIELD "FW_NTFY2_FW_NTFY2_TITLE" } { MERGEFIELD "FW_NTFY2_FW_NTFY2_FNAME" } { MERGEFIELD "FW_NTFY2_FW_NTFY2_SNAME" }	{ MERGEFIELD "FW_NTFY2_FW_NTFY2_REL" }	{ MERGEFIELD "FW_NTFY2_FW_NTFY2_ADD1" \f" "} { MERGEFIELD "FW_NTFY2_FW_NTFY2_ADD2" \f" "} { MERGEFIELD "FW_NTFY2_FW_NTFY2_TOWN" \f" "} { MERGEFIELD "FW_NTFY2_FW_NTFY2_COUNTY" \f" "} { MERGEFIELD "FW_NTFY2_FW_NTFY2_PCODE" \f" "}
{ MERGEFIELD "FW_NTFY3_FW_NTFY3_TITLE" } { MERGEFIELD "FW_NTFY3_FW_NTFY3_FNAME" } { MERGEFIELD "FW_NTFY3_FW_NTFY3_SNAME" }	{ MERGEFIELD "FW_NTFY3_FW_NTFY3_REL" }	{ MERGEFIELD "FW_NTFY3_FW_NTFY3_ADD1" \f" "} { MERGEFIELD "FW_NTFY3_FW_NTFY3_ADD2" \f" "} { MERGEFIELD "FW_NTFY3_FW_NTFY3_TOWN" \f" "} { MERGEFIELD "FW_NTFY3_FW_NTFY3_COUNTY" \f" "} { MERGEFIELD "FW_NTFY3_FW_NTFY3_PCODE" \f" "}

{ MERGEFIELD "FW_NTFY4_FW_NTFY4_TITLE" } { MERGEFIELD "FW_NTFY4_FW_NTFY4_FNAME " } { MERGEFIELD "FW_NTFY4_FW_NTFY4_SNAME " }	{ MERGEFIELD "FW_NTFY4_FW_NTFY4_REL " }	{ MERGEFIELD "FW_NTFY4_FW_NTFY4_ADD1" \f" "} { MERGEFIELD "FW_NTFY4_FW_NTFY4_ADD2" \f" "} { MERGEFIELD "FW_NTFY4_FW_NTFY4_TOWN" \f" "} { MERGEFIELD "FW_NTFY4_FW_NTFY4_COUNTY " \f" "} { MERGEFIELD "FW_NTFY4_FW_NTFY4_PCODE" \f" "}

Section 6 – Permission

If you do not require permission, go to section 7

6.1   What are you seeking permission for?

{ FORMCHECKBOX **}** to make an application to start proceedings?

6.2   What are your reasons for making the application?

{ FORMTEXT **}**

6.3   How would the order you have set out in Section 8.1 of the COP1B (Supporting information for personal welfare applications) benefit the person to whom the application relates? Is there any other way this benefit could be achieved?

{ FORMTEXT **}**

Section 7 – Attending court hearings

7.1   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 8 – 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 form and its annexes are true.

First applicant   Second applicant

Signed

*Applicant('s litigation friend)('s solicitor)

Signed

*Applicant('s litigation friend)('s solicitor)

Name

{ MERGEFIELD
CALCULATION_FEE_EARNER_DESCRIPTION }

Name

{ IF { MERGEFIELD
FW_APP2_FW_A2_SNAME
} <> "" { MERGEFIELD
CALCULATION_FEE_EARN
ER_DESCRIPTION } ""}

Date

{ FORMTEXT }

Date

{ FORMTEXT }

**Name
of firm**

{ MERGEFIELD
PRACTICEINFO_PRACTICE_NAME }

**Name
of firm**

{ IF { MERGEFIELD
FW_APP2_FW_A2_SNAME
} <> "" { MERGEFIELD
PRACTICEINFO_PRACTICE
_NAME } ""}

**Position or
office held**

{ MERGEFIELD
CALCULATION_STATUS_DESCRIPTION }

**Position or
office held**

{ IF { MERGEFIELD
FW_APP2_FW_A2_SNAME
} <> "" { MERGEFIELD
CALCULATION_STATUS_D
ESCRIPTION }""}

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

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

Court of Protection
COP1 Notes

Guidance notes on completing form COP1 Application Form

Please read the following notes before completing form COP1

If you wish to start proceedings in the Court of Protection, you must complete form COP1 and the relevant annex and file it with the court. Refer to Section 1 of the form and the table at the end of these notes to decide what forms you need to complete.

If your application relates to: deprivation of liberty under sections 4A(3) or 21A of the Mental Capacity Act 2005; an objection to the registration of a lasting power of attorney; or the registration of an enduring power of attorney, you need to complete a different application form. Refer to the website www.gov.uk/court-of-protection for more information.

If your application is made in the course of existing proceedings, i.e. you have already made an application; you need to complete a different form: COP9 Application notice for applications within proceedings.

If you are appealing a Court of Protection decision, you need to complete form COP35 Appellant's notice.

You must pay a fee when you make an application. Refer to the leaflet COP44 Court of Protection – Fees for details.

You may need to pay for any legal costs or expenses you incur in connection with your application. In some situations you may be allowed to be reimbursed from the funds of the person to whom the application relates. If the court considers that you have acted unreasonably, it can order you to pay the costs of other parties.

Completing form COP1

Type of application (Section 1)

Please indicate what type of application you intend to make by ticking the relevant box. If you need to make more than one application, for example to appoint a deputy, and appoint or discharge a trustee; you must submit separate applications.

The court cannot accept your application unless you send all the relevant forms with your application. Refer to the table at the end of these notes to decide what other forms you need to complete.

Your application (Section 4)

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 relation to the matter to which your application relates.

Please provide specific details about what you want the court to do. For example, you may be asking the court to appoint a deputy, or you may want the court to order that the person to whom the application relates moves to a particular residence, or that a particular investment is made. In each of the examples you would need to explain why the appointment of a deputy is required, or provide the particular details of the residence or investment.

You should also explain to the court why the order or declaration you are seeking will benefit the person to whom the application relates. If you are asking the court to appoint a deputy, please explain why you think this is necessary and why the court should not make the decision on behalf of the person to whom the application relates.

Respondents (Section 5.1)

You must provide the details of any person who you reasonably believe has an interest which means they ought to be heard by the court in relation to the application. Respondents have the opportunity to be joined as parties to the proceedings if they wish to participate in the hearing.

Once the court has issued your application form, you must serve respondents with copies of all documents relating to your application, in order to allow them the opportunity to support or oppose your application.

Other people to be notified (section 5.2)

You must provide the details of other people who are likely to have an interest in being notified of your application. You must notify these people when the court has issued your application form. They have the opportunity to apply to the court to be joined as parties to the proceedings if they wish to participate.

You should seek to identify at least three people to be notified of your application. If you have not

already named the following close family members as respondents, they should be notified in descending order as appropriate to the circumstances of the person to whom the application relates:

a) spouse or civil partner

b) person who is not a spouse or a civil partner but who has been living with the person to whom the application relates as if they were

c) parent or guardian

d) child

e) brother or sister

f) grandparent or grandchild

g) aunt or uncle

h) niece or nephew

i) step-parent

j) half-brother or half-sister

Where you think that a person listed in one of the categories ought to be notified, and there are other people in that category (e.g. the person has four siblings) you should provide the details of all of the people falling within that category – unless there is good reason not to do so

You do not need to provide the details for a close family member who has little or no involvement with the person to whom the application relates, or if there is another good reason why they should not be notified.

In some cases, the person to whom the application relates may be closer to people who are not relatives and if so, it will be appropriate to provide their details instead of close family members.

For further guidance on who is to be notified of an application, see practice direction 9B.

Permission (Section 6)

In some cases you will need the court's permission to make an application. You must complete section 6 of this form if you need the court's permission.

a) You do not need the court's permission if the application:

• is made by a person who lacks or is alleged to lack capacity (or, if the person is under 18 years, by anyone with parental responsibility);

• is made by the Official Solicitor, the Public Guardian, or a court appointed deputy;

• concerns the property and affairs of the person to whom the application relates;

• concerns a lasting power of attorney or an enduring power of attorney;

• relates to an application concerning deprivation of liberty under sections 4A(3) or 21A of the Mental Capacity Act 2005; or

• is about an existing court order and is made by a person named in that order.

b) You do need the court's permission for all other applications.

Where part of the application concerns a matter that requires permission, and part of it does not, you need the court's permission only for that part of it which requires permission.

Attending court hearings (Section 7)

If you need special assistance or special facilities for a disability or impairment, please set out your requirements in full. It is important that you make the court aware of your needs to avoid causing any delays.

The court staff will need to know, for example, whether you want documents to be supplied in an alternative format, such as Braille or large print. They will also need to know about any specific requirements should there be a hearing, such as wheelchair access, a hearing loop or a sign language interpreter.

If the person to whom the application relates is a child, you must provide the details of the any person with parental responsibility for the child, so they can be served with your application. If there is no person with parental responsibility, you should name an adult who lives with or cares for the child.

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. Refer to the table at the end of these notes to help you decide what forms to complete.

Forms to be completed

Type of application	Forms to be completed	Where to obtain further guidance
Your application relates to property and affairs	• COP3 Assessment of capacity • COP1A Annex A: Supporting information for property and affairs applications If you are applying to be appointed as a deputy for property and affairs then you must also complete: • COP4 Deputy's declaration	• Practice direction 9A the application form • COP42 Making an application to the Court of Protection • COP GN1 Applications for the appointment of a deputy for property and affairs
Your application relates to personal welfare	• COP3 Assessment of capacity • COP1B Annex B: Supporting information for personal welfare applications If you are applying to be appointed as a deputy for personal welfare then you must also complete: • COP4 Deputy's declaration	• Practice direction 8A Permission • Practice direction 9A the application form • COP42 Making an application to the Court of Protection • COP GN4 Making a personal welfare application to the Court of Protection
Your application relates to a statutory will, codicil, gift(s), deed of variation or settlement of property	• COP3 Assessment of capacity • COP1C Annex C: Supporting information for applications relating to a statutory will, codicil, gift(s), deed of variation or settlement of property	• Practice direction 9A the application form • Practice direction 9F Applications relating to statutory wills, codicils, settlements and other dealings with P's property • COP42 Making an application to the Court of Protection • COP GN8 Applications for statutory wills, codicils, settlements and other dealings with P's property
Your application relates to the appointment or discharge of trustees	• COP1D Annex D: Supporting information for applications to appoint or discharge a trustee • COP12 Special undertaking by trustees	• Practice direction 9A the application form • Practice direction 9G Applications to appoint or discharge a trustee • COP42 Making an application to the Court of Protection • COP GN2 Guidance on the sale of jointly owned property
Your application relates to an existing deputy order or a registered enduring or lasting power of attorney	• COP1E Annex E: Supporting information for an application by an existing deputy or attorney • COP24 Witness statement (if required	• Practice direction 9D Applications by currently appointed deputies, attorneys and donees in relation to P's property and affairs • COP GN3 Applications by existing Deputies
Your application relates to the operation and validity of an enduring power of attorney or a lasting power of attorney	• COP1F Annex F: Supporting information for applications relating to the operation and validity of an enduring power of attorney or a lasting power of attorney	• Practice direction 9A the application form • COP42 Making an application to the Court of Protection

	• COP24 Witness statement (if required)	

Other documents to be filed

You may need to file other documents with your application. The annex to the application form, or practice direction may set out additional information or material required, but you should also file the following documents, if applicable:

• the order appointing a deputy, where the application relates to or is made by a deputy;

• a copy of any lasting or enduring power of attorney;

• the order appointing a litigation friend, where the application is made by, or where the application relates to the appointment of a litigation friend;

• the order of the Court of Protection, where the application relates to the order;

• the order of another court, where the application relates to the order;

• any written evidence on which you intend to rely (in accordance with the relevant practice direction) using the COP24 witness statement form; and

• any other documents you refer to in the application form.

The court requires 2 copies of this form, COP1 Application form and one copy of every other form or document. You should keep copies of each form and document for your own records.

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.

What happens next

If you need permission to apply
If your application relates to personal welfare and you need permission to apply, the court will consider your application for permission as soon as practicable after your application form has been issued, and will notify you whether permission is granted, refused, or whether a date has been fixed to consider permission separately.

If permission is granted and the court has received the correct completed forms, you will need to serve a copy on each respondent and notify the person to whom the application relates and the other people you have named in section 5 of this form.

If you do not need permission to apply
If the court has received the correct completed forms, the court will issue your application form and legal proceedings will start. The court will notify you when your application form has been issued and will return a sealed copy of the application form. You will need to serve a copy on each respondent and notify the person to whom the application relates and the other people you have named in section 5 of this form

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.

COP1A - Annex A: Supporting

information P&FA 07/15

Court of Protection

Annex A: Supporting information for property and financial affairs applications

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 }

Please refer to COP1A guidance before completing this form. It is important that this annex form is fully completed. If you do not have enough information you should consider asking for an interim order authorising you to obtain information from banks and other financial institutions.

Please note: This annex must be submitted with COP1.

Section 1 - Your details (the applicant) and details of any proposed deputies

1.1   **(a) Applicant 1**

Proposed deputy?   { FORMCHECKBOX } Yes   { FORMCHECKBOX } No

{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)   { MERGEFIELD FW_APP1_FW_A1_FNAME } { MERGEFIELD FW_APP1_FW_A1_MNAME }

Last name   { MERGEFIELD FW_APP1_FW_A1_SNAME }

(b) Applicant 2

Proposed deputy?   { IF { MERGEFIELD FW_APP2_FW_A2_SNAME } = "" ☐ ☒ } Yes   { FORMCHECKBOX } No

{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)	**{** MERGEFIELD FW_APP2_FW_A2_FNAME **}** **{** MERGEFIELD FW_APP2_FW_A2_MNAME **}**
Last name	**{** MERGEFIELD FW_APP2_FW_A2_SNAME **}**

If applicable, additional proposed deputies

(c) Proposed Deputy

{ FORMCHECKBOX } Mr.   { FORMCHECKBOX } Mrs.   { FORMCHECKBOX } Miss   { FORMCHECKBOX } Ms.   { FORMCHECKBOX } Other { FORMTEXT }

First name(s) { FORMTEXT }

Last name { FORMTEXT }

(d) Proposed Deputy

{ FORMCHECKBOX } Mr.   { FORMCHECKBOX } Mrs.   { FORMCHECKBOX } Miss   { FORMCHECKBOX } Ms.   { FORMCHECKBOX } Other { FORMTEXT }

First name(s) { FORMTEXT }

Last name { FORMTEXT }

1.2   **{**IF **{** MERGEFIELD FW_INSTR_FW_APP_JOINT **}**= "Sole Deputyship" ☑ ☐**}**Sole deputyship **{**IF **{** MERGEFIELD FW_INSTR_FW_APP_JOINT **}**= "Joint Deputyship" ☑ ☐**}**Joint deputyship **{**IF **{** MERGEFIELD FW_INSTR_FW_APP_JOINT **}**= "Jointly and Severally" ☑ ☐**}**Joint and several deputyship

Section 2 - Enduring power of attorney or lasting power of attorney

2.1   Has the person to whom the application relates granted a power of attorney, enduring power of attorney or lasting power of attorney?   **{** FORMCHECKBOX **}** Yes   **{** FORMCHECKBOX **}** No

{ FORMCHECKBOX **}** Don't know

If Yes, please state which type(s) the date granted and the date registered (if known).

	Date made	**Date registered**
{ FORMCHECKBOX **}** Enduring power of attorney	{ FORMTEXT }	{ FORMTEXT }

{ FORMCHECKBOX **}** Lasting power of attorney property and
      financial affairs

{ FORMCHECKBOX **}** Lasting power of attorney health and
      welfare

{ FORMTEXT **}** **{** FORMTEXT **}**

{ FORMTEXT **}** **{** FORMTEXT **}**

2.2 Please state the name(s) and address(es) of the attorney(s) named in the power of attorney

Attorney 1

Name   { FORMTEXT }

Address { FORMTEXT }

Attorney 2

Name   { FORMTEXT }

Address { FORMTEXT }

Attorney 3

Name   { FORMTEXT }

Address { FORMTEXT }

2.3 Has the power of attorney been registered?   **{** FORMCHECKBOX **}** Yes   **{** FORMCHECKBOX **}** No

{ FORMCHECKBOX **}** Don't know

If Yes, please explain why the appointment of a deputy is sought

If No, please explain why an application to register the power of attorney has not been made

{ FORMTEXT }

{ FORMTEXT }

Section 3 - Will

3.1   Has the person to whom the application relates made a will?   **{** FORMCHECKBOX **}** Yes   **{** FORMCHECKBOX **}** No

      If Yes, please attached a copy if possible.

      { FORMCHECKBOX **}** Don't know

3.2   If you cannot obtain a copy of the will but you know who holds a copy, please give their name and contact details.

> **{** FORMTEXT **}**

3.3   Do you seek authority to obtain a copy of the will?   **{** FORMCHECKBOX **}** Yes   **{** FORMCHECKBOX **}** No

3.4   If known, please provide the names of the executor(s) of the will

> **{** FORMTEXT **}**

Section 4 - Income and assets

4.1   What is the national insurance number of the person to whom the application relates?

Letter				Numbers				Letter
{ FORMTEXT **}**	**{** FORMTEXT **}**	**{** FORMTEXT **}**	**{** FORMTEXT **}**	**{** FORMTEXT **}**	**{** FORMTEXT **}**	**{** FORMTEXT **}**	**{** FORMTEXT **}**	**{** FORMTEXT **}**

4.2   Is the person to whom the application relates entitled to any benefits?   **{** FORMCHECKBOX **}** Yes   **{** FORMCHECKBOX **}** No

      If Yes, are the benefits received by the person to whom the application relates?   **{** FORMCHECKBOX **}** Yes   **{** FORMCHECKBOX **}** No

      If No, please give details of who receives the benefits:

{ FORMTEXT }

4.3   Please give details below of all income including social security benefits that the
person to whom the application relates is entitled.

Income	Annual amount	Social security benefits	Annual amount
Earnings	£{ FORMTEXT }	State retirement pension	£{ FORMTEXT }
Occupational pension	£{ FORMTEXT }	Pension credit	£{ FORMTEXT }
Other pensions	£{ FORMTEXT }	Attendance allowance	£{ FORMTEXT }
Annuities	£{ FORMTEXT }	Severe disablement allowance	£{ FORMTEXT }
Other income	£{ FORMTEXT }	Disability living allowance	£{ FORMTEXT }
Trust	£{ FORMTEXT }	Incapacity benefit	£{ FORMTEXT }
Interest	£{ FORMTEXT }	Income support	£{ FORMTEXT }
Investment income	£{ FORMTEXT }	Council tax benefit	£{ FORMTEXT }
{ FORMTEXT }	£{ FORMTEXT }	Child benefit	£{ FORMTEXT }
{ FORMTEXT }	£{ FORMTEXT }	Other benefits	£{ FORMTEXT }
Total	**£{ FORMTEXT }**	**Total**	**£{ FORMTEXT }**

Interest in a deceased's estate

4.4   Does the person to whom the application relates have any interest in the estate of someone who has died?

{ FORMCHECKBOX **}** Yes   **{** FORMCHECKBOX **}** No

If No, go to Section 4.5

Name of deceased

{ FORMTEXT **}**

Name of executor/administrator

{ FORMTEXT **}**

Approximate value of interest in estate

{ FORMTEXT **}**

Is an order required to allow the proposed deputy to obtain a grant in order to deal with the estate of the deceased?

{ FORMCHECKBOX **}** Yes   **{** FORMCHECKBOX **}** No

Damages and criminal injuries compensation

4.5   Has a claim been made for an award for damages or, for compensation from the Criminal Injuries Compensation Authority or is such a claim

{ FORMCHECKBOX **}** Yes   **{** FORMCHECKBOX **}** No

likely to be made?   If No, go to Section 4.5

If Yes, please give details, including the name and address of solicitors involved, the present position regarding the litigation, the likely value of the claim and details of any interim payments that have been, or are going to be, made.

{ FORMTEXT **}**

4.6   If a final award has been made please provide details

{ FORMCHECKBOX **}** Copy of final order enclosed

{ FORMTEXT **}**

4.7 If the award is in excess of £500,000 please annex a brief statement providing the following details:

      (1) Any proposed major capital expenditure (e.g. property)

      (2) A budget setting out annual income and the projected annual costs of care

      (3) Investment proposal in outline if known

4.8   Does the person to whom the application relates have any money held in bank or building society accounts (or similar)?

{ FORMCHECKBOX } Yes   **{ FORMCHECKBOX }** No

If No, go to Section 4.9

(You must include any money held at the Court Funds Office)

Bank/Building Society (or similar accounts)	Account Number	Type of account	Names on the account	Balance
{ FORMTEXT }	{ FORMTEXT }	{ FORMTEXT }	{ FORMTEXT }	{ FORMTEXT }
{ FORMTEXT }	{ FORMTEXT }	{ FORMTEXT }	{ FORMTEXT }	{ FORMTEXT }
{ FORMTEXT }	{ FORMTEXT }	{ FORMTEXT }	{ FORMTEXT }	{ FORMTEXT }
{ FORMTEXT }	{ FORMTEXT }	{ FORMTEXT }	{ FORMTEXT }	{ FORMTEXT }
{ FORMTEXT }	{ FORMTEXT }	{ FORMTEXT }	{ FORMTEXT }	{ FORMTEXT }
			Total	{ FORMTEXT }

Continue on separate sheet if necessary

4.9   Does any other person or organisation (other than those already mentioned) hold money for, or owe money to, the person to whom the application relates?

If Yes, please give full details including the name and address of those involved the amount held and the reason for holding the money, or the amount owed and reason for loan.

{ FORMCHECKBOX } Yes   **{ FORMCHECKBOX }** No

{ FORMTEXT }

Investments

4.10   Does the person to whom the application relates own any investments such as stocks and shares, unit trusts, bonds etc?

If Yes, please provide an approximate value of the investments held and the name of the fund manager (if applicable)

{ FORMCHECKBOX } Yes   **{ FORMCHECKBOX }**

OX **}** No

{ FORMTEXT **}**

Total | **{** FORMTEXT **}**

Land and property

4.11   Does the person to whom the application relates own any land or property?   **{ FORMCHECKBOX }** Yes **{ FORMCHECKBOX }** No

If Yes, please enter details below   If No, go to Section 4.13

Property 1 – address

{ FORMTEXT **}**

Market value   **{** FORMTEXT **}**

Balance of any outstanding   **{** FORMTEXT **}**
mortgage or other legal charge
(e.g. equity release)

If the property is not owned solely by the person to whom the application
relates please provide the following information:

How is the property held?   **{ FORMCHECKBOX }** Joint tenants

Name and address of the co-owner(s):

                                                                  { FORMCHECKBOX } Tenants in common

1   Name   **{** FORMTEXT **}**

Address　　{ FORMTEXT }

2　Name　　{ FORMTEXT }

Address　　{ FORMTEXT }

3　Name　　{ FORMTEXT }

Address　　{ FORMTEXT }

What is the percentage share to which the person to whom the application relates entitled?　　{ FORMTEXT }%

Property 2 – address

{ FORMTEXT }

Market value	{ FORMTEXT }
Balance of any outstanding mortgage or other legal charge (e.g. equity release)	{ FORMTEXT }

If the property is not owned solely by the person to whom the application relates please provide the following information:

How is the property held?

Name and address of the co-owner(s):

{ FORMCHECKBOX } Joint tenants

{ FORMCHECKBOX } Tenants in common

1 Name { FORMTEXT }

Address { FORMTEXT }

2 Name { FORMTEXT }

Address { FORMTEXT }

3 Name { FORMTEXT }

Address { FORMTEXT }

What is the percentage share to which the person to whom the application relates entitled?

{ FORMTEXT }%

4.12   Is authority sought to sell the property (properties)?   **{** FORMCHECKB OX **}** Yes   **{** FORMCHECKB OX **}** No

If Yes and there is more than one property, please specify which property is to be sold

{ FORMCHECKB OX **}** 1 **{** FORMCHECKB OX **}** 2 **{** FORMCHECKB OX **}** 3

If No, please set out proposals for dealing with the property (properties) below:

{ FORMTEXT **}**

Important
If a property is held in joint names, the deputy, when appointed, will not have the legal authority to deal with its sale. This also applies when a property is held as tenants in common and the co-owner is deceased. Please refer to guidance notes for further information.

Personal possessions

4.13   Please provide details of any possessions with an approximate overall value in excess of £10,000 (e.g. paintings, antiques, collections)

{ FORMTEXT **}**

Total value   **{** FORMTEXT **}**

Business

4.14 Does the person to whom the application relates own or have any interest in a business?

{ FORMCHECKBOX } Yes **{ FORMCHECKBOX }** No

If Yes, please provide the following:

a) the name and nature of the business and its legal status, e.g. partnership, sole trader etc.

b) the approximate value of the business

c) the value of the share owned by the person to whom the application relates and their role in the business

d) a draft of any directions or order sought in relation to the business

{ FORMTEXT }

Expenditure

4.15 Please provide details of the annual costs of care (maintenance)

{ FORMTEXT }

Where the person to whom the application relates lives in a nursing/care home, are they liable to contribute towards the cost?

{ FORMCHECKBOX } Yes **{ FORMCHECKBOX }** No

If Yes, what is the weekly amount?

{ FORMTEXT }

Debts and money owed

4.16 Does the person to whom the application relates have any outstanding debts in excess of £1,000?

{ FORMCHECKBOX } Yes **{ FORMCHECKBOX }** No

If Yes, please give details of any debts of the person to whom the application relates including the name(s) of any creditors and the amount of the debt.

Creditor	Amount
{ FORMTEXT }	{ FORMTEXT }
{ FORMTEXT }	{ FORMTEXT }
{ FORMTEXT }	{ FORMTEXT }
{ FORMTEXT }	{ FORMTEXT }
{ FORMTEXT }	{ FORMTEXT }

Total	{ FORMTEXT }

Section 5 – Visits

Please provide details of who visits the person to whom the application relates and how often.

{ FORMTEXT }

Section 6 - Other information

Please provide any background or additional information which you think might be relevant, or of assistance to the court, when making its decision, including consideration of section 4(6) of the Mental Capacity Act 2005.

{ FORMTEXT }

Section 7 - 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   **Signed**

*Applicant(~~'s litigation friend~~)('s solicitor)   *Applicant(~~'s litigation friend~~)('s solicitor)

Name   { MERGEFIELD   **Name**   { IF { MERGEFIELD
CALCULATION_FEE_EARNER_DESCRIPTION }   FW_APP2_FW_A2_SNAME }
                                                          <> "" { MERGEFIELD
                                                          CALCULATION_FEE_EARNER
                                                          _DESCRIPTION } ""}

Date   { FORMTEXT }   **Date**   { FORMTEXT }

Name   { MERGEFIELD   **Name**   { IF { MERGEFIELD
of firm PRACTICEINFO_PRACTICE_NAME }   **of firm** FW_APP2_FW_A2_SNAME }
                                                          <> "" { MERGEFIELD
                                                          PRACTICEINFO_PRACTICE_N

AME **} ""}**

Position or office held | { MERGEFIELD CALCULATION_STATUS_DESCRIPTION **}** | **Position or office held** | **{** IF **{** MERGEFIELD FW_APP2_FW_A2_SNAME **}** <> "" **{** MERGEFIELD CALCULATION_STATUS_DESCRIPTION **}""}**

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

If there are more than 2 applicants, please continue on a separate sheet.

COP1A Notes

Guidance notes on completing form COP1A Annex A: Supporting information for property and financial affairs applications

Please read the following notes before completing Annex A

You must complete and file this annex to form COP1 if your application relates to property and affairs matters. This includes applications to appoint a deputy for property and affairs.

If your application relates to another matter then you may need to complete a different annex. Refer to Section 1 of form COP1 and the notes to form COP1 for information on what forms to complete.

Completing form Annex A

Please ensure that you provide all relevant information to support your application. If you do not have full details of bank/building society accounts and investments you may need to apply to the court for an interim order to obtain these details.

Please continue on a separate sheet of paper if you need more space to answer a question. Write your name, the name and date of birth of the person to whom the application relates, and the number of the question you are answering.

What you need to do next

When you have completed this form, you will need to consider what other forms and documents you need to complete. 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

COP1B - Annex B: Supporting

information PW 12/17

Court of Protection
Annex B: Supporting information for personal welfare applications

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 }

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

Enclose COP3 or alternative evidence of capacity

{ FORMCHECKBOX } Prohibited contact order

{ FORMCHECKBOX } Other (see below)

{ 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)

{ MERGEFIELD FW_APP1_FW_A1_FNAME } { MERGEFIELD FW_APP1_FW_A1_MNAME }

Last name

{ MERGEFIELD FW_APP1_FW_A1_SNAME }

(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)

{ MERGEFIELD FW_APP2_FW_A2_FNAME } { MERGEFIELD FW_APP2_FW_A2_MNAME }

Last name

{ MERGEFIELD FW_APP2_FW_A2_SNAME }

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

3.1 Do you personally visit the person to whom the application relates?   { FORMCHECKBOX } Yes   { FORMCHECKBOX } No

If Yes, how frequently?   { FORMTEXT }

3.2 Does anyone else visit the person to whom the application relates?   { FORMCHECKBOX } Yes   { FORMCHECKBOX } No

If Yes, please provide details of the most frequent visitors

Name	Connection to the person to whom the application relates	Frequency of visits

{ 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	{ MERGEFIELD FW_OP_FW_SOC_SERV_ORG_name }
Full name	{ MERGEFIELD FW_OP_FW_SOC_SERV_CON_title } { MERGEFIELD "FW_OP_FW_SOC_SERV_CON_forename" } { MERGEFIELD "FW_OP_FW_SOC_SERV_CON_surname" }
Address	{ MERGEFIELD "FW_OP_FW_SOC_SERV_CON_address" }

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

Full name	{ FORMTEXT }
Address	{ FORMTEXT }

Section 4 - Advance decisions and Lasting Powers of Attorney

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

If Yes, please give details

{ FORMCHECKBOX } Unknown

{ FORMTEXT }

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

If Yes, please give details

Date made   { FORMTEXT }   Date registered   { FORMTEXT }

Please provide a certified copy of the registered instrument

4.3   **Attorney (1)**

Full name	**{** FORMTEXT **}**

Address	**{** FORMTEXT **}**

Phone no.	**{** FORMTEXT **}**

Full name

Address

Phone no.

Attorney (2)

Full name **{ FORMTEXT }**

Address **{ FORMTEXT }**

Phone no. **{ FORMTEXT }**

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?

{ FORMCHECKBOX } Yes **{ FORMCHECKBOX }** No

If Yes, please give details

Name of guardian or Local Authority **{ FORMTEXT }**

Address (including postcode) **{ FORMTEXT }**

Phone no. **{ FORMTEXT }**

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:

{ FORMTEXT }

6.2 By proposed timetable

Please tick the boxes that apply

{ FORMCHECKBOX } The application for interim order or directions should be considered within **{ FORMTEXT }** hours/days

{ FORMCHECKECK Request for permission (if applicable) should be considered within **{ FORMTEXT }** hours/days

BOX
}
{
FOR
MCH
ECK
BOX
}

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

{ FORM TEXT }   hours/days

{
FOR
MCH
ECK
BOX
}

If permission granted, a substantive hearing is sought by

{ FORMT EXT }   date

{
FOR
MCH
ECK
BOX
}

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?

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

{ FORMCHECKBOX } Yes { FORMCHECKBOX } No

{ 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		**Signed**	
	*Applicant(~~'s litigation friend~~)('s solicitor)		*Applicant(~~'s litigation friend~~)('s solicitor)
Name	{ MERGEFIELD CALCULATION_FEE_EARNER_DESCRIPTION }	**Name**	{ IF { MERGEFIELD FW_APP2_FW_A2_SNAME } <> "" { MERGEFIELD CALCULATION_FEE_EARNER_DESCRIPTION } ""}
Date	{ FORMTEXT }	**Date**	{ FORMTEXT }
Name of firm	{ MERGEFIELD PRACTICEINFO_PRACTICE_NAME }	**Name of firm**	{ IF { MERGEFIELD FW_APP2_FW_A2_SNAME } <> "" { MERGEFIELD PRACTICEINFO_PRACTICE_NAME } ""}
Position or office held	{ MERGEFIELD CALCULATION_STATUS_DESCRIPTION }	**Position or office held**	{ IF { MERGEFIELD FW_APP2_FW_A2_SNAME } <> "" { MERGEFIELD CALCULATION_STATUS_DESCRIPTION }""}

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

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

Court of Protection

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-authorised 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

COP3 - Assessment of Capacity

COP 3 12.17

Court of Protection
Assessment of capacity

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" }

Please read first

• If you are applying to start proceedings with the court you must file this form with your COP1 application form. The assessment must contain current information.

• You must complete Part A of this form.

• You then need to provide the form with Part A completed to the practitioner who will complete Part B. The practitioner will return the form to you or your solicitor for filing with the court.

• The practitioner may be a registered:
– medical practitioner, for example the GP of the person to whom the application relates;
– psychiatrist
– approved mental health professional
– social worker
– psychologist
– nurse, or
– occupational therapist

who has examined and assessed the capacity of the person to whom the application relates.

In some circumstances it might be appropriate for a registered therapist, such as a speech therapist or occupational therapist, to complete the form.

• When the form has been completed, its contents will be confidential to the court and those authorised by the court to see it, such as parties to the proceedings.

• Please continue on a separate sheet of paper if you need more space to answer a question. Write your name, the name and date of birth of the person to whom the application relates, and number of the question you are answering on each separate sheet.

• There are additional guidance notes at the end of this form.

• If you need help completing this form please check the website, www.gov.uk/court-of-protection, for further guidance or information, or contact Court Enquiry Service on 0300 456 4600 or courtofprotectionenquiries@hmcts.gsi.gov.uk

• Court of Protection staff cannot give legal advice. If you need legal advice please contact a solicitor.

• This form has been prepared in consultation with the British Medical Association, the Royal College of Physicians, Royal College of Psychiatrists and the Department of Health.

Section 1 - Your details (the applicant)

1.1	Your details	**{**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	**{** MERGEFIELD FW_APP1_FW_A1_FNAME **}**
	Middle name(s)	**{** MERGEFIELD FW_APP1_FW_A1_MNAME **}**
	Last name	**{** MERGEFIELD FW_APP1_FW_A1_SNAME **}**

1.2	Address (including postcode)	**{** 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" "**}**

Telephone no.	Daytime	**{** MERGEFIELD FW_APP1_FW_A1_PHONE_DAY **}**
	Evening	**{** MERGEFIELD FW_APP1_FW_A1_PHONE_EVE **}**
	Mobile	**{** MERGEFIELD FW_APP1_FW_A1_PHONE_MOB **}**

E-mail address	**{** MERGEFIELD FW_APP1_FW_A1_EMAIL **}**

1.3 Is a solicitor representing you?   **{** FORMCHECKBOX **}** Yes   **{** FORMCHECKBOX **}** No

If Yes, please give the solicitor's details.

Name	**{** MERGEFIELD CALCULATION_FEE_EARNER_DESCRIPTION **}** **{** MERGEFIELD PRACTICEINFO_PRACTICE_NAME **}**		
Address (including postcode)	**{** MERGEFIELD PRACTICEINFO_HOUSE \f" "**}** **{** MERGEFIELD PRACTICEINFO_AREA \f" "**}** **{** MERGEFIELD PRACTICEINFO_POSTAL_TOWN \f" "**}** **{** MERGEFIELD PRACTICEINFO_COUNTY \f" "**}** **{** MERGEFIELD PRACTICEINFO_POSTCODE \f" "**}**		
Telephone no.	**{** MERGEFIELD PRACTICEINFO_PHONE_NO **}**	Fax no.	**{** MERGEFIELD PRACTICEINFO_FAX_NO **}**
DX no.	**{** MERGEFIELD PRACTICEINFO_DX_NO **}**		
E-mail address	**{** MERGEFIELD CALCULATION_FEE_EARNER_EMAIL **}**		

1.4 To which address should the practitioner return the form when they have completed Section 2?

{ FORMCHECKBOX **}** Your address

{ FORMCHECKBOX **}** Solicitor's address

{ FORMCHECKBOX **}** Other address (please provide details)

{ FORMTEXT }

Section 2 - The person to whom this application relates (the person to be assessed by the practitioner)

2.1		**{**IF **{** MERGEFIELD FW_PER_REL_FW_CLI1_TITLE **}** = "Mr" ☑ ☐**}** Mr. **{**IF **{** MERGEFIELD FW_PER_REL_FW_CLI1_TITLE **}**= "Mrs" ☑ ☐**}** Mrs. **{**IF **{** MERGEFIELD FW_PER_REL_FW_CLI1_TITLE **}**= "Miss" ☑ ☐**}** Miss **{**IF **{** MERGEFIELD FW_PER_REL_FW_CLI1_TITLE **}**= "Ms" ☑ ☐**}** Ms. **{** FORMCHECKBOX **}** Other **{** FORMTEXT **}**
	First name	{ MERGEFIELD FW_PER_REL_FW_CLI1_FNAME }
	Middle name(s)	{ MERGEFIELD FW_PER_REL_FW_CLI1_MNAME }
	Last name	{ MERGEFIELD FW_PER_REL_FW_CLI1_SNAME }

2.2	Address (including postcode)	{ MERGEFIELD CLIENT_HOUSE \f" "**}** { MERGEFIELD CLIENT_AREA \f" "**}** { MERGEFIELD CLIENT_POSTAL_TOWN \f" "**}** { MERGEFIELD CLIENT_COUNTY \f" "**}** { MERGEFIELD CLIENT_POSTCODE \f" "**}**

	Telephone no.		
		Daytime	{ MERGEFIELD CALCULATION_PHONE }
		Evening	{ FORMTEXT }
		Mobile	{ MERGEFIELD CALCULATION_MOBILE }

	E-mail address	{ MERGEFIELD LINKNAME_EMAIL_ADDRESS_1 }

2.3	Date of birth	{ MERGEFIELD FW_PER_REL_FW_CLI1_DOB }	**{**IF **{** MERGEFIELD FW_PER_REL_FW_CLI1_GENDER **}**= "Male" ☑ ☐**}** Male **{**IF **{** MERGEFIELD FW_PER_REL_FW_CLI1_GENDER **}**= "Female" ☑ ☐**}** Female

Section 3 - About the application

3.1 Please state the matter you are asking the court to decide. (see note 1)

{ FORMTEXT }

3.2 What order are you asking the court to make?

{ MERGEFIELD FW_INSTR_FW_APP_ORDER }

3.3   How would the order benefit the person to whom the application relates?

{ FORMTEXT }

3.4   What is your relationship or connection to the person to whom the application relates?

{ FORMTEXT }

Section 4 - Further information

Please provide any further information about the circumstances of the person to whom the application relates that would be useful to the practitioner in assessing his or her capacity to make any decision(s) that is the subject of your application. (see note 2)

{ FORMTEXT }

Now read note 3 about what you need to do next.

Section 5 - Your details (the practitioner)

5.1

{ FORMCHECKBOX } Mr.　　{ FORMCHECKBOX } Mrs.　　{ FORMCHECKBOX } Miss
{ FORMCHECKBOX } Ms.　　{ FORMCHECKBOX } Other { FORMTEXT }

First name	{ FORMTEXT }
Middle name(s)	{ FORMTEXT }
Last name	{ FORMTEXT }
Address (including postcode)	{ FORMTEXT }
Telephone no.	{ FORMTEXT }
DX no.	{ FORMTEXT }

5.2　Nature of your professional relationship with the person to whom the application relates
(For example, social worker or general practitioner (GP))

{ FORMTEXT }

5.3　Please state your professional qualifications and practial experience with particular reference to making assessments of capacity in accordance with the Mental Capacity Act 2005 and associated Code of Practice.

{ FORMTEXT }

Section 6 – Sensitive information

If there is information that you do not wish to provide in this form because of its sensitive nature you can provide the information directly to the court.

6.1 Are you providing any sensitive information separately to the court?

{ FORMCHECKBOX **}** Yes   **{** FORMCHECKBOX **}** No

Court of Protection
PO Box 70185
First Avenue House
42-49 High Holborn
London WC1A 9JA

DX 160013
Kingsway 7

Please include your name and contact details, and the name, address and date of birth of the person to whom the application relates on any information you provide separately to the court.

Section 7 - Assessment of capacity

7.1 The person to whom the application relates has the following impairment of, or disturbance in the functioning of, the mind or brain. Where this impairment or disturbance arises out of a specific diagnosis, please set out the diagnosis or diagnoses here: (see note 4)

{ FORMTEXT **}**

This has lasted since:

{ FORMTEXT **}**

As a result, the person is unable to make a decision for themselves in relation to the following matter(s) in question:

{ FORMTEXT **}**

7.2   The person to whom the application relates is unable to make a decision in relation to the relevant matter because: (see note 5)

{ FORMCHECKBOX **}** he or she is unable to understand the following relevant information (please give details);

{ FORMTEXT **}**

and/or

{ FORMCHECKBOX **}** he or she is unable to retain the following relevant information (please give details);

{ FORMTEXT **}**

and/or

{ FORMCHECKBOX **}** he or she is unable to use or weigh the following relevant information as part of the process of making the decision(s) (please give details);

{ FORMTEXT **}**

and/or

{ FORMCHECKBOX **}** is unable to communicate his or her decision(s) by any means at all (please give details).

{ FORMTEXT **}**

7.3   My opinion is based on the following evidence of a lack of capacity:

{ FORMTEXT }

7.4   Please answer either (a) or (b).

(a) I have acted as a practitioner for the person to whom the application

relates since   { FORMTEXT } { FORMTEXT } { FORMTEXT } { FORMTEXT } { FORMTEXT } { FORMTEXT } { FORMTEXT } { FORMTEXT }   and last assessed

him or her on   { FORMTEXT } { FORMTEXT } { FORMTEXT } { FORMTEXT } { FORMTEXT } { FORMTEXT } { FORMTEXT } { FORMTEXT }

(b) I assessed the person to whom the application

relates on   { FORMTEXT } { FORMTEXT } { FORMTEXT } { FORMTEXT } { FORMTEXT } { FORMTEXT } { FORMTEXT } { FORMTEXT }

following a referral from:

{ FORMTEXT **}**

7.5 Has the person to whom this application relates made you aware of any views they have in relation to the relevant matter? **{** FORMCHECKBOX **}** Yes **{** FORMCHECKBOX **}** No

If Yes, please give details.

{ FORMTEXT **}**

7.6 Do you consider there is a prospect that the person to whom the application relates might regain or acquire capacity in the future in respect of the decision to which the application relates? (see note 6)

{ FORMCHECKBOX **}** Yes – please state why and give an indication of when this might happen.

{ FORMCHECKBOX **}** No – please state why.

{ FORMTEXT **}**

7.7 Are you aware of anyone who holds a different view regarding the capacity of the person to whom the application relates? **{** FORMCHECKBOX **}** Yes **{** FORMCHECKBOX **}** No

If Yes, please give details.

{ FORMTEXT **}**

| 7.8 | Do you, your family or friends have any interest (financial or otherwise) in any matter concerning the person to whom the application relates? | { FORMCHECKBOX } Yes { FORMCHECKBOX } No |

If Yes, please give details.

{ FORMTEXT }

7.9   Do you have any general comments or any other recommendations for future care? (see note 7)

{ FORMTEXT }

Signed

Name   { FORMTEXT }   **Date**   { FORMTEXT }

Now read note 8 about what you need to do next.

Guidance notes

Note 1

About the application
These questions are repeated on the COP1 application form. Please copy your answers from the COP1 form so that the information on both forms is the same.

Note 2

Further information
Please provide any further information about the circumstances of the person to whom the application relates that would be relevant in assessing their capacity. For example, if your application relates to property and financial affairs, it would be useful for the practitioner to know the general financial circumstances of the person concerned. This information will help the practitioner evaluate the decision-making responsibility of the person to whom the application relates and may help to inform the practitioner's view on whether that person can make the decision(s) in question.

Note 3

What you need to do next
Please provide this form to the practitioner who will complete Part B. The practitioner will return the form to you or your solicitor when they have completed Part B. You will then need to file the form with the court together with the COP1 application form and any other information the court requires. See note 8 on the COP1 form for further information.

Note 4

Assessing capacity
For the purpose of the Mental Capacity Act 2005 a person lacks capacity if, at the time a decision needs to be made, he or she is unable to make or communicate the decision because of an impairment of, or a disturbance in the functioning of, the mind or brain.

The Act contains a two-stage test of capacity:
1. Is there an impairment of, or disturbance in the functioning of, the person's mind or brain?
2. If so, is the impairment or disturbance sufficient that the person lacks the capacity to make a decision in relation to the matter in question?

Please refer to Part A of this form where the applicant has set out details of the application and relevant information about the circumstances of the person to whom the application relates. In particular, section 3.1 sets out the matter the applicant is asking the court to decide.

The assessment of capacity must be based on the person's ability to make a decision in relation to the relevant matter, and not their ability to make decisions in general. It does not matter therefore if the lack of capacity is temporary, if the person retains the capacity to make other decisions, or if the person's capacity fluctuates.

Under the Act, a person is regarded as being unable to make a decision if they cannot:

- understand information about the decision to be made;
- retain that information;
- use or weigh the information as part of the decision-making process; or
- communicate the decision (by any means).

A lack of capacity cannot be established merely by reference to a person's age or appearance or to a particular condition or an aspect of behaviour. A person is not to be treated as being unable to make a decision merely because they have made an unwise decision.

The test of capacity is not the same as the test for detention and treatment under the Mental Health Act 1983. Many people covered by the Mental Health Act have the capacity to make decisions for themselves. On the other hand, most people who lack capacity to make decisions will never be affected by the Mental Health Act.

Practitioners are required to have regard to the Mental Capacity Act 2005 Code of Practice. The Code of Practice is available online at www.publicguardian.gov.uk. Hard copies are available from The Stationery Office (TSO), for a fee, by:

- phoning 0870 600 5522;
- emailing customerservices@tso.co.uk; or
- ordering online at www.tsoshop.co.uk - ISBN 9780117037465

For further advice please see (for example):
- Making Decisions: A guide for people who work in health and social care (2nd edition), Mental Capacity Implementation Programme, 2007.
- Assessment of Mental Capacity: Guidance for Doctors and Lawyers (2nd edition), British Medical Association and Law Society (London: BMJ Books, 2004)

Note 5

Capacity to make the decision in question
Please give your opinion of the nature of the lack of capacity and the grounds on which this is based. This requires a diagnosis and a statement giving clear evidence that the person to whom the application relates lacks capacity to make the decision(s) relevant to the application. It is important that the evidence of lack of capacity shows how this prevents the person concerned from being able to take decision(s).

Note 6

Prospect of regaining or acquiring capacity
When reaching any decision the court must apply the principles set out in the Act and in particular must make a determination that is in the best interests of the person to whom the application relates. It would therefore assist the court if you could indicate whether the person to whom the application relates is likely to regain or acquire capacity sufficiently to be able to make decisions in relation to the relevant matter.

Note 7

General comments
The court may make any order it considers appropriate even if that order is not specified in the application form. Where possible, the court will make a one-off decision rather than appointing a deputy with on-going decision making power. If you think that an order other than the one being sought by the applicant would be in the best interests of the person to whom the application relates, please give details including your reasons.

Note 8

What you need to do next
Please return the completed form to the applicant or their solicitor, as specified in section 1.4. You are advised to keep a copy for your records.

COP4 - Deputy's declaration

Applicant 1 09/15

Court of Protection
Deputy's Declaration

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_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	**{** MERGEFIELD FW_APP1_FW_A1_FNAME **}**
	Middle name(s)	**{** MERGEFIELD FW_APP1_FW_A1_MNAME **}**
	Last name	**{** MERGEFIELD FW_APP1_FW_A1_SNAME **}**
1.2	Address (including postcode)	**{** 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" "**}**

	Telephone no.	Daytime	**{** MERGEFIELD FW_APP1_FW_A1_PHONE_DAY **}**
		Evening	**{** MERGEFIELD FW_APP1_FW_A1_PHONE_EVE **}**
		Mobile	**{** MERGEFIELD FW_APP1_FW_A1_PHONE_MOB **}**

	E-mail address	**{** MERGEFIELD "FW_APP1_FW_A1_EMAIL" **}**

1.3	Date of Birth	**{** MERGEFIELD FW_APP1_FW_A1_DOB **}**

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

{ MERGEFIELD FW_APP1_FW_A1_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?

{ FORMTEXT **}** Years   **{** FORMTEXT **}** Months

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 }

{ 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.	{ FORMCHECKBOX } Yes { FORMCHECKBOX } 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.	{ FORMCHECKBOX } Yes { FORMCHECKBOX } 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.	{ FORMCHECKBOX } Yes { FORMCHECKBOX } 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.	{ FORMCHECKBOX } Yes { FORMCHECKBOX } 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.	{ FORMCHECKBOX } Yes { FORMCHECKBOX } 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.	{ FORMCHECKBOX } 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	**{** FORMCHECKB	**{** 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   **{** FORMTEXT **}**   **Date**   **{** FORMTEXT **}**

COP4 - Deputy's declaration

Applicant 2 09/15

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 **}**

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?

{ FORMTEXT **}** Years   **{** FORMTEXT **}** Months

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 }

{ 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.	{ FORMCHECKBOX } Yes { FORMCHECKBOX } 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.	{ FORMCHECKBOX } Yes { FORMCHECKBOX } 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.	{ FORMCHECKBOX } Yes { FORMCHECKBOX } 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.	{ FORMCHECKBOX } Yes { FORMCHECKBOX } 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.	{ FORMCHECKBOX } Yes { FORMCHECKBOX } 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.	{ FORMCHECKBOX } 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	**{** FORMCHECKB	**{** 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 **{** FORMTEXT **}** **Date** **{** FORMTEXT **}**

COP5 - Ackn of

service/notification 07/15

Court of Protection

Acknowledgment of service/ notification

If you do not wish to take part in the court proceedings, you do not need to complete this form.

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" **}**

Failure to answer any of the relevant sections may result in you not being joined as a party or having your views taken into account.

Section 1 - Your details (the person served/notified)

1.1	Your details	{ FORMCHECKBOX } Mr. { FORMCHECKBOX } Mrs. { FORMCHECKBOX } Miss { FORMCHECKBOX } Ms. { FORMCHECKBOX } Other { FORMTEXT }
	First name	{ FORMTEXT }
	Middle name(s)	{ FORMTEXT }
	Last name	{ FORMTEXT }

1.2	Address (including postcode)	{ FORMTEXT }

	Telephone no.	Daytime	{ FORMTEXT }
		Evening	{ FORMTEXT }
		Mobile	{ FORMTEXT }

	E-mail address	{ FORMTEXT }

1.3   Is a solicitor representing you?   **{** FORMCHECKBOX **}**
                                                                              Yes   **{**
      If Yes, please give the solicitor's details.   FORMCHECKBOX **}**
                                                                               No

      Name   **{** FORMTEXT **}**

      Address   **{** FORMTEXT **}**
      (including
      postcode)

      Telephone no.   **{** FORMTEXT **}**   Fax no. | **{** FORMTEXT **}**

      DX no.   **{** FORMTEXT **}**

      E-mail address **{** FORMTEXT **}**

1.4   Which address should official documentation be sent to?

              { FORMCHECKBOX **}** Your address

              { FORMCHECKBOX **}** Your solicitor's address

              { FORMCHECKBOX **}** Other address (please provide details)
              { FORMTEXT **}**

1.5   What is your role in these proceedings?

              { FORMCHECKBOX **}** Person to whom the application relates

              { FORMCHECKBOX **}** Respondent*

              { FORMCHECKBOX **}** Person notified that the application form has been
              issued

              *You are a respondent if you have been served with a copy of the COP1 application form.

Section 2 – Application to be joined as a party

If you are the person to whom the application relates or a person notified that the application form has been issued and you wish to apply to be joined as a party, you must complete this section.

2.1   Do you wish to be joined as a party to proceedings?   **{ FORMCHECKBOX }** Yes   **{ FORMCHECKBOX }** No

2.2   If Yes, Please state your interest in the proceedings.

{ FORMTEXT }

2.3   You must file evidence of your interest in the proceedings other now, or you can send it later. If you are sending it later it must reach the court within 28 days of the date on which you were given notice. Use form COP24 witness statement to provide your evidence.   **{ FORMCHECKBOX }** Evidence attached

Section 3 – Acknowledgment of service/notification

3.1   I,

{ FORMCHECKBOX } consent to the application

{ FORMCHECKBOX } oppose the application

{ FORMCHECKBOX } seek a different order

{ FORMCHECKBOX } seek a different direction

3.2   Please provide brief reasons including the order or directions you are seeking, or if you consent, provide any relevant information you would like the court to consider.

{ FORMTEXT }

3.3   If you oppose the application or seek a different order, you must file any evidence on which you intend to rely now, or you can send it later. If you are sending it later it must reach the court 28 days of the date on which you were served or given notice. Use form COP24 witness statement to provide your evidence.

{ FORMCHECKBOX } Evidence attached

Section 4 – Attending court hearings

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 5 – Signature

Signed

*Person served/notified('s solicitor)('s litigation friend)

Name   { FORMTEXT }

Date   { FORMTEXT }

Name of firm   { FORMTEXT }

Position or office held   { FORMTEXT }

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

COP9 - Application notice 07/15

Court of Protection
Application notice

Case no.

{ MERGEFIELD FW_OP_FW_COP_REF }

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" }

SEAL

Please read first

- This form can be used in a variety of circumstances and must be used for applications within proceedings. For further guidance on when this form is to be used please see the Court of Protection Rules 2007 and the Practice Directions accompanying the Rules or contact Customer Services at the number below.

- If you wish to apply to start proceedings please complete the COP1 application form.

- If you wish to apply to be joined as a party to the proceedings please complete the COP10 application notice for applications to be joined as a party.

- You may have to pay a fee when you make an application. Refer to the leaflet COP44 Court of Protection – Fees for details.

- You may need to pay for any costs you incur during the proceedings. If the court considers that you have acted unreasonably you can be ordered to pay the costs incurred by other parties.

- Please continue on a separate sheet of paper if you need more space to answer a question. Write the case number, your name, the name of the person to whom the application relates, and number of the question you are answering on each separate sheet.

- For assistance in completing this form please see guidance notes and website: www.gov.uk/court-of-protection

- Court of Protection staff cannot give legal advice. If you need legal advice please contact a solicitor.

Section 1 - Your details

1.1 Your details   **{ FORMCHECKBOX }** Mr.   **{ FORMCHECKBOX }** Mrs.   **{ FORMCHECKBOX }** Miss   **{ FORMCHECKBOX }** Ms.   **{ FORMCHECKBOX }** Other **{ FORMTEXT }**

First name

{ FORMTEXT }

Middle name(s)

{ FORMTEXT }

Last name

{ FORMTEXT }

1.2 Address (including postcode)

{ FORMTEXT }

Telephone no.

Daytime	**{ FORMTEXT }**
Evening	**{ FORMTEXT }**
Mobile	**{ FORMTEXT }**

E-mail address

{ FORMTEXT }

1.3 Is a solicitor representing you?   **{ FORMCHECKBOX }** Yes   **{ FORMCHECKBOX }** No

If Yes, please give the solicitor's details.

Name

{ FORMTEXT }

Address (including postcode)

{ FORMTEXT }

Telephone no.	**{ FORMTEXT }**	Fax no.	**{ FORMTEXT }**
DX no.	**{ FORMTEXT }**		
E-mail address	**{ FORMTEXT }**		

1.4 To which address should all official documentation be sent?

{ FORMCHECKBOX **}** Your address

{ FORMCHECKBOX **}** Your solicitor's address

{ FORMCHECKBOX **}** Other address (please provide details)

{ FORMTEXT }

{ FORMTEXT }

1.5   What is your role in the proceedings?

{ FORMCHECKBOX } Applicant (the person who filed the COP1 application form)

{ FORMCHECKBOX } Person to whom the application relates

{ FORMCHECKBOX } Other party to the proceedings

{ FORMCHECKBOX } Other (please give details)

{ FORMTEXT }

Section 2 – Your application

2.1   What order or direction are you seeking from the court?

{ FORMTEXT }

2.2   Please set out the grounds on which you are seeking the order or direction?

{ FORMTEXT }

2.3   Any evidence in support of your application must be filed with this application notice. If you are attaching any written evidence please use the COP24 witness statement form.

{ FORMCHECKBOX } Evidence attached

If the court requires that evidence be given by affidavit then you need to

use the COP25 affidavit form.

2.4   Please provide the details of any person who you reasonably believe has an interest which means they ought to be heard by the court in relation to this application notice and who is not already a party to the proceedings.

Full name including title	Full address including postcode	Connection to the person to whom the proceedings relate
{ FORMTEXT }	{ FORMTEXT }	{ FORMTEXT }
{ FORMTEXT }	{ FORMTEXT }	{ FORMTEXT }
{ FORMTEXT }	{ FORMTEXT }	{ FORMTEXT }
{ FORMTEXT }	{ FORMTEXT }	{ FORMTEXT }

Section 3 - Statement of truth

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

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

Signed

*Applicant('s litigation friend)('s solicitor)

Name   { FORMTEXT }

Date   { FORMTEXT }

Name of firm   { FORMTEXT }

Position or office held   { FORMTEXT }

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

Now read note 1 about what you need to do next.

Guidance notes

COP14 - Proceedings about you in

the COP 12/13

COP 14
12.13

Court of Protection
Proceedings about you in the Court of Protection

To (enter name and address of person to whom the application relates)

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	**{** MERGEFIELD CLIENT_HOUSE \f" "**}** **{** MERGEFIELD CLIENT_AREA \f" "**}** **{** MERGEFIELD CLIENT_POSTAL_TOWN \f" "**}** **{** MERGEFIELD CLIENT_COUNTY \f" "**}** **{** MERGEFIELD CLIENT_POSTCODE \f" "**}**

This notice is to tell you of proceedings about you in the Court of Protection.

The court has powers to make decisions about the property and affairs and personal welfare of people who lack capacity to make such decisions.

If you have any questions or need further information about this notice you can:
- ring Court Enquiry Service on 0300 456 4600;
- write to the Court of Protection, PO Box 70185, First Avenue House, 42-49 High Holborn, London WC1A 9JA, DX 160013 Kingsway 7; or
- check the website, www.justice.gov.uk or www.direct.gov.uk.

The Court of Protection staff cannot give legal advice. If you need legal advice please contact a solicitor.

Details of the proceedings

Case number
{ MERGEFIELD FW_OP_FW_COP_REF **}**

Date the *(application)(~~appeal~~) was issued
{ MERGEFIELD FW_PROG_FW_APP_STAMPED **}**

Name of the *(applicant)(~~appellant~~)
{ MERGEFIELD FW_APP1_FW_A1_TITLE **} {** MERGEFIELD FW_APP1_FW_A1_FNAME **} {** MERGEFIELD FW_APP1_FW_A1_SNAME **}**

The *(application)(~~appeal~~) relates to your:

{IF **{** MERGEFIELD FW_INSTR_FW_APP_TYPE **}**= "Appointment of deputy for property and affairs" ☑ ☐**}** property and affairs

{IF **{** MERGEFIELD FW_INSTR_FW_APP_TYPE **}**= "Appointment of deputy for personal welfare" ☑ ☐**}** personal welfare

{ FORMCHECKBOX **}** property and affairs and personal welfare.

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

This notice is to tell you that

{ FORMTEXT }

Signed	{ FORMTEXT }

Name	{ MERGEFIELD CALCULATION_FEE_EARNER_DESCRIPTION }

Date	{ FORMTEXT }

Name of firm	{ MERGEFIELD PRACTICEINFO_PRACTICE_NAME }

Position or office held	{ MERGEFIELD CALCULATION_STATUS_DESCRIPTION }

COP15 - Notice that an app form

issued Ntfy1 12/13

Court of Protection
Notice that an application form has been issued

(enter name and address of person to be notified)

Name	**{** MERGEFIELD "FW_NTFY_FW_NTFY1_TITLE" **} {** MERGEFIELD "FW_NTFY_FW_NTFY1_FNAME" **} {** MERGEFIELD "FW_NTFY_FW_NTFY1_SNAME" **}**
Address	**{** MERGEFIELD "FW_NTFY_FW_NTFY1_ADD1" \f" "**}** **{** MERGEFIELD "FW_NTFY_FW_NTFY1_ADD2" \f" "**}** **{** MERGEFIELD "FW_NTFY_FW_NTFY1_TOWN" \f" "**}** **{** MERGEFIELD "FW_NTFY_FW_NTFY1_COUNTY" \f" "**}** **{** MERGEFIELD "FW_NTFY_FW_NTFY1_PCODE" \f" "**}**

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If you have any questions or need further information about this notice you can:
  • ring Court Enquiry Service on 0300 456 4600;
  • write to the Court of Protection, PO Box 70185, First Avenue House, 42-49 High Holborn, London WC1A 9JA, DX 160013 Kingsway 7; or
  • check the website, www.justice.gov.uk or www.direct.gov.uk

The Court of Protection staff cannot give legal advice. If you need legal advice please contact a solicitor.

Details of the proceedings

Case number
{ MERGEFIELD FW_OP_FW_COP_REF **}**

Date the application was issued
{ MERGEFIELD FW_PROG_FW_APP_STAMPED **}**

Name of the applicant
{ MERGEFIELD FW_APP1_FW_A1_TITLE \f" " **}{** MERGEFIELD FW_APP1_FW_A1_FNAME \f" " **}{** MERGEFIELD FW_APP1_FW_A1_MNAME \f" " **}{** MERGEFIELD FW_APP1_FW_A1_SNAME **}**

Name of the person to whom the application relates (this is the person who lacks, or is alleged to lack, capacity)
{ MERGEFIELD FW_PER_REL_FW_CLI1_FNAME \f" " **}{** MERGEFIELD FW_PER_REL_FW_CLI1_MNAME \f" " **}{** MERGEFIELD FW_PER_REL_FW_CLI1_SNAME **}**

Applicant's connection to the person to whom the application relates
{ MERGEFIELD FW_APP1_FW_A1_RELATION **}**

The application relates to the exercise of the court's jurisdiction in relation to the person's:

{IF **{** MERGEFIELD FW_INSTR_FW_APP_TYPE **}**= "Appointment of deputy for

property and affairs" ☑ ☐**}** property and affairs

      {IF **{** MERGEFIELD FW_INSTR_FW_APP_TYPE **}**= "Appointment of deputy for personal welfare" ☑ ☐**}** personal welfare

      { FORMCHECKBOX **}** property and affairs and personal welfare.

The matter the court has been asked to decide:

{ FORMTEXT **}**

Order(s) the court has been asked to make:

{ MERGEFIELD FW_INSTR_FW_APP_ORDER **}**

Signed

{ FORMTEXT **}**

Name

{ MERGEFIELD CALCULATION_FEE_EARNER_DESCRIPTION **}**

Date

{ FORMTEXT **}**

Name of firm

{ MERGEFIELD PRACTICEINFO_PRACTICE_NAME **}**

Position or office held

{ MERGEFIELD CALCULATION_STATUS_DESCRIPTION **}**

COP15 - Notice that an app form

issued Ntfy2 12/13

**COP
15
12.13**

Court of Protection
Notice that an application form has been issued

(enter name and address of person to be notified)

Name	{ MERGEFIELD "FW_NTFY2_FW_NTFY2_TITLE" } { MERGEFIELD "FW_NTFY2_FW_NTFY2_FNAME" } { MERGEFIELD "FW_NTFY2_FW_NTFY2_SNAME" }
Address	{ MERGEFIELD "FW_NTFY2_FW_NTFY2_ADD1" \f" "}
	{ MERGEFIELD "FW_NTFY2_FW_NTFY2_ADD2" \f" "}
	{ MERGEFIELD "FW_NTFY2_FW_NTFY2_TOWN" \f" "}
	{ MERGEFIELD "FW_NTFY2_FW_NTFY2_COUNTY" \f" "}
	{ MERGEFIELD "FW_NTFY2_FW_NTFY2_PCODE" \f" "}

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- check the website, www.justice.gov.uk or www.direct.gov.uk

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Details of the proceedings

Case number
{ MERGEFIELD FW_OP_FW_COP_REF }

Date the application was issued
{ MERGEFIELD FW_PROG_FW_APP_STAMPED }

Name of the applicant
{ MERGEFIELD FW_APP1_FW_A1_TITLE \f" " }{ MERGEFIELD FW_APP1_FW_A1_FNAME \f" " }{ MERGEFIELD FW_APP1_FW_A1_MNAME \f" " }{ MERGEFIELD FW_APP1_FW_A1_SNAME }

Name of the person to whom the application relates (this is the person who lacks, or is alleged to lack, capacity)
{ MERGEFIELD FW_PER_REL_FW_CLI1_FNAME \f" " }{ MERGEFIELD FW_PER_REL_FW_CLI1_MNAME \f" " }{ MERGEFIELD FW_PER_REL_FW_CLI1_SNAME }

Applicant's connection to the person to whom the application relates
{ MERGEFIELD FW_APP1_FW_A1_RELATION }

The application relates to the exercise of the court's jurisdiction in relation to the person's:

{IF { MERGEFIELD FW_INSTR_FW_APP_TYPE }= "Appointment of deputy for

property and affairs" ☑ ☐**}** property and affairs

> **{**IF **{** MERGEFIELD FW_INSTR_FW_APP_TYPE **}**= "Appointment of deputy for personal welfare" ☑ ☐**}** personal welfare

> **{** FORMCHECKBOX **}** property and affairs and personal welfare.

The matter the court has been asked to decide:

{ FORMTEXT }

Order(s) the court has been asked to make:

{ MERGEFIELD FW_INSTR_FW_APP_ORDER }

Signed

{ FORMTEXT }

Name

{ MERGEFIELD CALCULATION_FEE_EARNER_DESCRIPTION }

Date

{ FORMTEXT }

Name of firm

{ MERGEFIELD PRACTICEINFO_PRACTICE_NAME }

Position or office held

{ MERGEFIELD CALCULATION_STATUS_DESCRIPTION }

COP15 - Notice that an app form

issued Ntfy3 12/13

Court of Protection
Notice that an application form has been issued

(enter name and address of person to be notified)

Name	**{** MERGEFIELD "FW_NTFY3_FW_NTFY3_TITLE" **} {** MERGEFIELD "FW_NTFY3_FW_NTFY3_FNAME" **} {** MERGEFIELD "FW_NTFY3_FW_NTFY3_SNAME" **}**
Address	**{** MERGEFIELD "FW_NTFY3_FW_NTFY3_ADD1" \f" "**}**
	{ MERGEFIELD "FW_NTFY3_FW_NTFY3_ADD2" \f" "**}**
	{ MERGEFIELD "FW_NTFY3_FW_NTFY3_TOWN" \f" "**}**
	{ MERGEFIELD "FW_NTFY3_FW_NTFY3_COUNTY" \f" "**}**
	{ MERGEFIELD "FW_NTFY3_FW_NTFY3_PCODE" \f" "**}**

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Details of the proceedings

Case number
{ MERGEFIELD FW_OP_FW_COP_REF **}**

Date the application was issued
{ MERGEFIELD FW_PROG_FW_APP_STAMPED **}**

Name of the applicant
{ MERGEFIELD FW_APP1_FW_A1_TITLE \f" " **}{** MERGEFIELD FW_APP1_FW_A1_FNAME \f" " **}{** MERGEFIELD FW_APP1_FW_A1_MNAME \f" " **}{** MERGEFIELD FW_APP1_FW_A1_SNAME **}**

Name of the person to whom the application relates (this is 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" **}**

Applicant's connection to the person to whom the application relates
{ MERGEFIELD FW_APP1_FW_A1_RELATION **}**

The application relates to the exercise of the court's jurisdiction in relation to the person's:

{IF **{** MERGEFIELD FW_INSTR_FW_APP_TYPE **}**= "Appointment of deputy for

property and affairs" ☑ ☐**}** property and affairs

      {IF **{** MERGEFIELD FW_INSTR_FW_APP_TYPE **}**= "Appointment of deputy for personal welfare" ☑ ☐**}** personal welfare

      { FORMCHECKBOX **}** property and affairs and personal welfare.

The matter the court has been asked to decide:

{ FORMTEXT **}**

Order(s) the court has been asked to make:

{ MERGEFIELD FW_INSTR_FW_APP_ORDER **}**

Signed

{ FORMTEXT **}**

Name

{ MERGEFIELD CALCULATION_FEE_EARNER_DESCRIPTION **}**

Date

{ FORMTEXT **}**

Name of firm

{ MERGEFIELD PRACTICEINFO_PRACTICE_NAME **}**

Position or office held

{ MERGEFIELD CALCULATION_STATUS_DESCRIPTION **}**

COP15 - Notice that an app form

issued Ntfy4 12/13

Court of Protection
Notice that an application form has been issued

(enter name and address of person to be notified)

Name	**{** MERGEFIELD "FW_NTFY4_FW_NTFY4_TITLE" **} {** MERGEFIELD "FW_NTFY4_FW_NTFY4_FNAME" **} {** MERGEFIELD "FW_NTFY4_FW_NTFY4_SNAME" **}**
Address	**{** MERGEFIELD "FW_NTFY4_FW_NTFY4_ADD1" \f" "**}**
	{ MERGEFIELD "FW_NTFY4_FW_NTFY4_ADD2" \f" "**}**
	{ MERGEFIELD "FW_NTFY4_FW_NTFY4_TOWN" \f" "**}**
	{ MERGEFIELD "FW_NTFY4_FW_NTFY4_COUNTY" \f" "**}**
	{ MERGEFIELD "FW_NTFY4_FW_NTFY4_PCODE" \f" "**}**

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Details of the proceedings

Case number
{ MERGEFIELD FW_OP_FW_COP_REF **}**

Date the application was issued
{ MERGEFIELD FW_PROG_FW_APP_STAMPED **}**

Name of the applicant
{ MERGEFIELD FW_APP1_FW_A1_TITLE \f" " **}{** MERGEFIELD FW_APP1_FW_A1_FNAME \f" " **}{** MERGEFIELD FW_APP1_FW_A1_MNAME \f" " **}{** MERGEFIELD FW_APP1_FW_A1_SNAME **}**

Name of the person to whom the application relates (this is 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" **}**

Applicant's connection to the person to whom the application relates
{ MERGEFIELD FW_APP1_FW_A1_RELATION **}**

The application relates to the exercise of the court's jurisdiction in relation to the person's:

{IF **{** MERGEFIELD FW_INSTR_FW_APP_TYPE **}**= "Appointment of deputy for

property and affairs" ☑ ☐**}** property and affairs

      {IF **{** MERGEFIELD FW_INSTR_FW_APP_TYPE **}**= "Appointment of deputy for personal welfare" ☑ ☐**}** personal welfare

      { FORMCHECKBOX **}** property and affairs and personal welfare.

The matter the court has been asked to decide:

{ FORMTEXT **}**

Order(s) the court has been asked to make:

{ MERGEFIELD FW_INSTR_FW_APP_ORDER **}**

Signed   **{** FORMTEXT **}**

Name   **{** MERGEFIELD CALCULATION_FEE_EARNER_DESCRIPTION **}**

Date   **{** FORMTEXT **}**

Name of firm   **{** MERGEFIELD PRACTICEINFO_PRACTICE_NAME **}**

Position or office held   **{** MERGEFIELD CALCULATION_STATUS_DESCRIPTION **}**

COP15 - Notice that an app form

issued Res1 12/13

Court of Protection
Notice that an application form has been issued

(enter name and address of person to be notified)

Name	{ MERGEFIELD FW_RES_FW_RES1_TITLE } { MERGEFIELD FW_RES_FW_RES1_FNAME } { MERGEFIELD FW_RES_FW_RES1_SNAME }
Address	{ MERGEFIELD "FW_RES_FW_RES1_ADD1" \f" "}
	{ MERGEFIELD "FW_RES_FW_RES1_ADD2" \f" "}
	{ MERGEFIELD "FW_RES_FW_RES1_TOWN" \f" "}
	{ MERGEFIELD "FW_RES_FW_RES1_COUNTY" \f" "}
	{ MERGEFIELD "FW_RES_FW_RES1_PCODE" \f" "}

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Details of the proceedings

Case number
{ MERGEFIELD FW_OP_FW_COP_REF }

Date the application was issued
{ MERGEFIELD FW_PROG_FW_APP_STAMPED }

Name of the applicant
{ MERGEFIELD FW_APP1_FW_A1_TITLE \f" " }{ MERGEFIELD FW_APP1_FW_A1_FNAME \f" " }{ MERGEFIELD FW_APP1_FW_A1_MNAME \f" " }{ MERGEFIELD FW_APP1_FW_A1_SNAME }

Name of the person to whom the application relates (this is 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" }

Applicant's connection to the person to whom the application relates
{ MERGEFIELD FW_APP1_FW_A1_RELATION }

The application relates to the exercise of the court's jurisdiction in relation to the person's:

{IF { MERGEFIELD FW_INSTR_FW_APP_TYPE }= "Appointment of deputy for property and affairs" ☑ ☐} property and affairs

{IF **{** MERGEFIELD FW_INSTR_FW_APP_TYPE **}**= "Appointment of deputy for personal welfare" ☑ ☐**}** personal welfare

{ FORMCHECKBOX **}** property and affairs and personal welfare.

The matter the court has been asked to decide:

{ FORMTEXT }

Order(s) the court has been asked to make:

{ MERGEFIELD FW_INSTR_FW_APP_ORDER }

Signed   { FORMTEXT }

Name   { MERGEFIELD CALCULATION_FEE_EARNER_DESCRIPTION }

Date   { FORMTEXT }

Name of firm   { MERGEFIELD PRACTICEINFO_PRACTICE_NAME }

Position or office held   { MERGEFIELD CALCULATION_STATUS_DESCRIPTION }

COP15 - Notice that an app form

issued Res2 12/13

COP	Court of Protection		For office use only
15 12.13	**Notice that an application form has been issued**		

(enter name and address of person to be notified)

Name	**{** MERGEFIELD "FW_RES2_FW_RES2_TITLE" **} {** MERGEFIELD "FW_RES2_FW_RES2_FNAME" **} {** MERGEFIELD "FW_RES2_FW_RES2_SNAME" **}**
Address	**{** MERGEFIELD "FW_RES2_FW_RES2_ADD1" \f" "**}**
	{ MERGEFIELD "FW_RES2_FW_RES2_ADD2" \f" "**}**
	{ MERGEFIELD "FW_RES2_FW_RES2_TOWN" \f" "**}**
	{ MERGEFIELD "FW_RES2_FW_RES2_COUNTY" \f" "**}**
	{ MERGEFIELD "FW_RES2_FW_RES2_PCODE" \f" "**}**

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Details of the proceedings

Case number

{ MERGEFIELD FW_OP_FW_COP_REF **}**

Date the application was issued

{ MERGEFIELD FW_PROG_FW_APP_STAMPED **}**

Name of the applicant

{ MERGEFIELD FW_APP1_FW_A1_TITLE \f" " **}{** MERGEFIELD FW_APP1_FW_A1_FNAME \f" " **}{** MERGEFIELD FW_APP1_FW_A1_MNAME \f" " **}{** MERGEFIELD FW_APP1_FW_A1_SNAME **}**

Name of the person to whom the application relates (this is 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" **}**

Applicant's connection to the person to whom the application relates

{ MERGEFIELD FW_APP1_FW_A1_RELATION **}**

The application relates to the exercise of the court's jurisdiction in relation to the person's:

{IF **{** MERGEFIELD FW_INSTR_FW_APP_TYPE **}**= "Appointment of deputy for property and affairs" ☑ ☐**}** property and affairs

{IF **{** MERGEFIELD FW_INSTR_FW_APP_TYPE **}**= "Appointment of deputy for personal welfare" ☑ ☐**}** personal welfare

{ FORMCHECKBOX **}** property and affairs and personal welfare.

The matter the court has been asked to decide:

{ FORMTEXT **}**

Order(s) the court has been asked to make:

{ MERGEFIELD FW_INSTR_FW_APP_ORDER **}**

Signed **{** FORMTEXT **}**

Name **{** MERGEFIELD CALCULATION_FEE_EARNER_DESCRIPTION **}**

Date **{** FORMTEXT **}**

Name of firm **{** MERGEFIELD PRACTICEINFO_PRACTICE_NAME **}**

Position or office held **{** MERGEFIELD CALCULATION_STATUS_DESCRIPTION **}**

COP15 - Notice that an app form

issued Res3 12/13

Court of Protection
Notice that an application form has been issued

(enter name and address of person to be notified)

Name	**{** MERGEFIELD "FW_RES3_FW_RES3_TITLE" **}** **{** MERGEFIELD "FW_RES3_FW_RES3_FNAME" **}** **{** MERGEFIELD "FW_RES3_FW_RES3_SNAME" **}**
Address	**{** MERGEFIELD "FW_RES3_FW_RES3_ADD1" \f" "**}**
	{ MERGEFIELD "FW_RES3_FW_RES3_ADD2" \f" "**}**
	{ MERGEFIELD "FW_RES3_FW_RES3_TOWN" \f" "**}**
	{ MERGEFIELD "FW_RES3_FW_RES3_COUNTY" \f" "**}**
	{ MERGEFIELD "FW_RES3_FW_RES3_PCODE" \f" "**}**

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Details of the proceedings

Case number

{ MERGEFIELD FW_OP_FW_COP_REF **}**

Date the application was issued

{ MERGEFIELD FW_PROG_FW_APP_STAMPED **}**

Name of the applicant

{ MERGEFIELD FW_APP1_FW_A1_TITLE \f" " **}{** MERGEFIELD FW_APP1_FW_A1_FNAME \f" " **}{** MERGEFIELD FW_APP1_FW_A1_MNAME \f" " **}{** MERGEFIELD FW_APP1_FW_A1_SNAME **}**

Name of the person to whom the application relates (this is 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" **}**

Applicant's connection to the person to whom the application relates

{ MERGEFIELD FW_APP1_FW_A1_RELATION **}**

The application relates to the exercise of the court's jurisdiction in relation to the person's:

{IF **{** MERGEFIELD FW_INSTR_FW_APP_TYPE **}**= "Appointment of deputy for property and affairs" ☑ ☐**}** property and affairs

{IF **{** MERGEFIELD FW_INSTR_FW_APP_TYPE **}**= "Appointment of deputy for personal welfare" ☑ ☐**}** personal welfare

{ FORMCHECKBOX **}** property and affairs and personal welfare.

The matter the court has been asked to decide:

{ FORMTEXT }

Order(s) the court has been asked to make:

{ MERGEFIELD FW_INSTR_FW_APP_ORDER }

Signed { FORMTEXT }

Name { MERGEFIELD CALCULATION_FEE_EARNER_DESCRIPTION }

Date { FORMTEXT }

Name
of firm { MERGEFIELD PRACTICEINFO_PRACTICE_NAME }

Position
or office
held { MERGEFIELD CALCULATION_STATUS_DESCRIPTION }

COP15 - Notice that an app form

issued Res4 12/13

<table>
<tr><td>COP
15
12.13</td><td>Court of Protection
**Notice that an application
form has been issued**</td><td>For office use only</td></tr>
</table>

(enter name and address of person to be notified)

Name	**{** MERGEFIELD "FW_RES4_FW_RES4_TITLE" **} {** MERGEFIELD "FW_RES4_FW_RES4_FNAME" **} {** MERGEFIELD "FW_RES4_FW_RES4_SNAME" **}**
Address	**{** MERGEFIELD "FW_RES4_FW_RES4_ADD1" \f" "**}**
	{ MERGEFIELD "FW_RES4_FW_RES4_ADD2" \f" "**}**
	{ MERGEFIELD "FW_RES4_FW_RES4_TOWN" \f" "**}**
	{ MERGEFIELD "FW_RES4_FW_RES4_COUNTY" \f" "**}**
	{ MERGEFIELD "FW_RES4_FW_RES4_PCODE" \f" "**}**

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Details of the proceedings

Case number
{ MERGEFIELD FW_OP_FW_COP_REF **}**

Date the application was issued
{ MERGEFIELD FW_PROG_FW_APP_STAMPED **}**

Name of the applicant
{ MERGEFIELD FW_APP1_FW_A1_TITLE \f" " **}{** MERGEFIELD FW_APP1_FW_A1_FNAME \f" " **}{** MERGEFIELD FW_APP1_FW_A1_MNAME \f" " **}{** MERGEFIELD FW_APP1_FW_A1_SNAME **}**

Name of the person to whom the application relates (this is 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" **}**

Applicant's connection to the person to whom the application relates
{ MERGEFIELD FW_APP1_FW_A1_RELATION **}**

The application relates to the exercise of the court's jurisdiction in relation to the person's:

{IF **{** MERGEFIELD FW_INSTR_FW_APP_TYPE **}**= "Appointment of deputy for property and affairs" ☑ ☐**}** property and affairs

{IF **{** MERGEFIELD FW_INSTR_FW_APP_TYPE **}**= "Appointment of deputy for personal welfare" ☑ ☐**}** personal welfare

{ FORMCHECKBOX **}** property and affairs and personal welfare.

The matter the court has been asked to decide:

{ FORMTEXT **}**

Order(s) the court has been asked to make:

{ MERGEFIELD FW_INSTR_FW_APP_ORDER **}**

Signed **{** FORMTEXT **}**

Name **{** MERGEFIELD CALCULATION_FEE_EARNER_DESCRIPTION **}**

Date **{** FORMTEXT **}**

Name of firm **{** MERGEFIELD PRACTICEINFO_PRACTICE_NAME **}**

Position or office held **{** MERGEFIELD CALCULATION_STATUS_DESCRIPTION **}**

COP20A - Cert of notification 07/15

Court of Protection

Certificate of notification/ non-notification of the person to whom the proceedings relate

Please refer to the guidance note for COP20A before completing this form

Full name of person to whom the application/appeal relates
(this is 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 – Person notified

1.1   Address:

{ MERGEFIELD CLIENT_HOUSE \f" "**}**
{ MERGEFIELD CLIENT_AREA \f" "**}**
{ MERGEFIELD CLIENT_POSTAL_TOWN
\f" "**}**
{ MERGEFIELD CLIENT_COUNTY \f" "**}**
{ MERGEFIELD CLIENT_POSTCODE \f" "**}**

{ FORMCHECKBOX **}**   **{** FORMCHECKBOX **}** Other
Persons residence   **{** FORMTEXT **}**

1.2   Date of notification

{ MERGEFIELD
FW_PER_REL_FW_CLI1_NOT1 **}**

Section 2 – Details of the person who provided notification

2.1   Your name:

{ IF **{** MERGEFIELD FW_INSTR_FW_APP_SRV1 **}** = "Yes" "**{** MERGEFIELD
CALCULATION_FEE_EARNER_DESCRIPTION **}**" "**{** MERGEFIELD
FW_APP1_FW_A1_TITLE **} {** MERGEFIELD FW_APP1_FW_A1_FNAME **} {** MERGEFIELD
FW_APP1_FW_A1_SNAME **}**" **}**

2.2   In what capacity are you providing notice?

As the:

{IF **{** MERGEFIELD   **{** FORMCHECKBOX **}**   **{** FORMCHECKBOX **}**
FW_INSTR_FW_APP_SRV1 **}** =   Appellant   Respondent
"Yes" ☐ ☑ **}** Applicant

{IF { MERGEFIELD FW_INSTR_FW_APP_SRV1 **} =** "No" ☐ ☑ **}** Applicant's solicitor

{ FORMCHECKBOX }
Appellant's solicitor

{ FORMCHECKBOX }
Respondent's solicitor

{ FORMCHECKBOX }
Applicant's litigation friend

{ FORMCHECKBOX }
Agent

{ FORMCHECKBOX }
Respondent's litigation friend

Other *(Please give details)*

{ FORMTEXT **}**

Section 3 – Nature of the notification (For non-notification please go to section 4)

Please tick one of the following statements:

If you were unable to notify the person to whom the application relates, all of the items in the relevant statement below, you must explain in section 4 why you could not carry out a full notification.

3.1   **{ FORMCHECKBOX } Participation in the proceedings**

I have notified the person to whom the application relates that the court has made a decision about how the person the application is about is to participate in the proceedings (including the appointment of a litigation friend or representative to act on their behalf)

- Whether the court has directed that the person being notified should be a party to the proceedings;

- Whether the court has appointed a litigation friend or other representative to act on their behalf and details of who that person is;

- If the court has directed that the person being notified should be a party to the proceedings, but no litigation friend, accredited legal representative was appointed the reasons why no appointment was made; and

- Whether the person being notified has been given the opportunity to address the judge directly, or indirectly;

3.2   **{ FORMCHECKBOX } Application form has been issued**

I have notified the person to whom the application relates that an application form has been issued and I explained to the person:

- Who the applicant is;

- That the application raises the question of whether they lack capacity in relation to a matter or matters, and what that means;

- What will happen if the court makes the order or direction that has been applied for;

- Where the application contains a proposal for the appointment of a person to make decisions on their behalf in relation to the matter to which the application relates, details of who that person is;
  and

- That they may seek advice and assistance in relation to the application.

- I have provided form COP5 Acknowledgment of notification.

3.3   **{ FORMCHECKBOX } Application has been withdrawn**

I have notified the person to whom the application relates that an application has been withdrawn and I explained to the person:

- That the application has been withdrawn;

- The consequence of the withdrawal; and

- That they may seek advice and assistance in relation to the application.

3.4   **{** FORMCHECKBOX **} Appellant's notice has been issued**

I have notified the person to whom the application relates that an appellant's notice has been issued and I explained to the person:

- Who the appellant is;

- The issues raised by the appeal;

- What will happen if the court makes the order or direction applied for; and

- That they may seek advice and assistance in relation to the appeal;

- I have provided with form COP5 Acknowledgment of notification.

3.5   **{** FORMCHECKBOX **} Appellant's notice has been withdrawn**

I have notified the person to whom the application relates that an appellant's notice has been withdrawn and I explained to the person:

- That the notice has been withdrawn;

- The consequence of the withdrawal; and

- That they may seek advice and assistance in relation to the appeal.

3.6   **{** FORMCHECKBOX **} A decision has been made by the court**

I have notified the person to whom the application relates that a decision except for a case management decision has been made by the court and I explained to the person:

- The effect of the decision or order; and

- That they may seek advice and assistance in relation to the decision or order,

- I have provided a copy of the order made by the court to the person.

3.7   **{** FORMCHECKBOX **} Another matter as directed by the court**

I have notified the person to whom the application relates of another matter as directed by the court and I explained to the person:

- The matters directed by the court; and

- That they may seek advice and assistance in relation to the matter.

3.8   **{** FORMCHECKBOX **} Manner of notification**

Describe the steps you took to explain the matter or matters to the person to whom the application relates and the extent to which they understood or appeared to understand the information given. Please also describe what, if anything the person to whom the application relates said or did in response to that notification.

{ FORMTEXT **}**

Section 4 - Non-notification

If you could not provide notification, please describe your attempt to do so, and explain the reasons why notification was not provided.

{ FORMTEXT **}**

Section 5 - Statement of truth

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

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

Signed		Date	**{** FO RM TE XT **}**	**{** FO RM TE XT **}**	**{** FO RM TE XT **}**	**{** FO RM TE XT **}**	**{** FO RM TE XT **}**	**{** FO RM TE XT **}**	**{** FO RM TE XT **}**	**{** FO RM TE XT **}**

Name

{ IF **{** MERGEFIELD FW_INSTR_FW_APP_SRV1 **}** = "Yes" **{** MERGEFIELD CALCULATION_FEE_EARNER_DESCRIPTION **}** "**{** MERGEFIELD FW_APP1_FW_A1_TITLE **} {** MERGEFIELD FW_APP1_FW_A1_FNAME **} {** MERGEFIELD FW_APP1_FW_A1_SNAME **}**" **}**

Name of firm	**{** IF **{** MERGEFIELD FW_INSTR_FW_APP_SRV1 **}** = "Yes" **{** MERGEFIELD PRACTICEINFO_PRACTICE_NAME **}** " " **}**	**Position or office held**	**{** IF **{** MERGEFIELD FW_INSTR_FW_APP_SRV1 **}** = "Yes" **{** MERGEFIELD CALCULATION_STATUS_D ESCRIPTION **}** " " **}**

Please return the completed certificate to the Court of Protection

Note:
No other forms need to be attached with this form. However, it may assist the court if your completed **COP20A** and **COP20B** could be returned at the same time.

Note:
No other forms need to be attached with this form. However, it may assist the court if your completed **COP20A** and **COP20B** could be returned at the same time.

COP20A - Cert of notification

Hearing 07/15

Court of Protection

Certificate of notification/ non-notification of the person to whom the proceedings relate

Please refer to the guidance note for COP20A before completing this form

Full name of person to whom the application/appeal relates
(this is 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 – Person notified

1.1   Address:

{ MERGEFIELD CLIENT_HOUSE \f" "**}**
{ MERGEFIELD CLIENT_AREA \f" "**}**
{ MERGEFIELD CLIENT_POSTAL_TOWN
\f" "**}**
{ MERGEFIELD CLIENT_COUNTY \f" "**}**
{ MERGEFIELD CLIENT_POSTCODE \f" "**}**

{ FORMCHECKBOX **}**   **{** FORMCHECKBOX **}** Other
Persons residence   **{** FORMTEXT **}**

1.2   Date of notification

{ MERGEFIELD
FW_PER_REL_FW_CLI1_NOT2 **}**

Section 2 – Details of the person who provided notification

2.1   Your name:

{ IF **{** MERGEFIELD FW_INSTR_FW_APP_SRV1 **}** = "Yes" "**{** MERGEFIELD
CALCULATION_FEE_EARNER_DESCRIPTION **}**" "**{** MERGEFIELD
FW_APP1_FW_A1_TITLE **}** **{** MERGEFIELD FW_APP1_FW_A1_FNAME **}** **{** MERGEFIELD
FW_APP1_FW_A1_SNAME **}**" **}**

2.2   In what capacity are you providing notice?

As the:

{IF **{** MERGEFIELD   **{** FORMCHECKBOX **}**   **{** FORMCHECKBOX **}**
FW_INSTR_FW_APP_SRV1 **}** =   Appellant   Respondent
"Yes" ☐ ☑ **}** Applicant

{IF { MERGEFIELD FW_INSTR_FW_APP_SRV1 **}** = "No" ☐ ☑ **}** Applicant's solicitor

{ FORMCHECKBOX **}**
Appellant's solicitor

{ FORMCHECKBOX **}**
Respondent's solicitor

{ FORMCHECKBOX **}**
Applicant's litigation friend

{ FORMCHECKBOX **}**
Agent

{ FORMCHECKBOX **}**
Respondent's litigation friend

Other *(Please give details)*

{ FORMTEXT **}**

Section 3 – Nature of the notification (For non-notification please go to section 4)

Please tick one of the following statements:

If you were unable to notify the person to whom the application relates, all of the items in the relevant statement below, you must explain in section 4 why you could not carry out a full notification.

3.1 **{** FORMCHECKBOX **} Participation in the proceedings**

I have notified the person to whom the application relates that the court has made a decision about how the person the application is about is to participate in the proceedings (including the appointment of a litigation friend or representative to act on their behalf)

- Whether the court has directed that the person being notified should be a party to the proceedings;

- Whether the court has appointed a litigation friend or other representative to act on their behalf and details of who that person is;

- If the court has directed that the person being notified should be a party to the proceedings, but no litigation friend, accredited legal representative was appointed the reasons why no appointment was made; and

- Whether the person being notified has been given the opportunity to address the judge directly, or indirectly;

3.2 **{** FORMCHECKBOX **} Application form has been issued**

I have notified the person to whom the application relates that an application form has been issued and I explained to the person:

- Who the applicant is;

- That the application raises the question of whether they lack capacity in relation to a matter or matters, and what that means;

- What will happen if the court makes the order or direction that has been applied for;

- Where the application contains a proposal for the appointment of a person to make decisions on their behalf in relation to the matter to which the application relates, details of who that person is;
  and

- That they may seek advice and assistance in relation to the application.

- I have provided form COP5 Acknowledgment of notification.

3.3 **{** FORMCHECKBOX **} Application has been withdrawn**

I have notified the person to whom the application relates that an application has been withdrawn and I explained to the person:

- That the application has been withdrawn;

- The consequence of the withdrawal; and

- That they may seek advice and assistance in relation to the application.

3.4 **{** FORMCHECKBOX **} Appellant's notice has been issued**

I have notified the person to whom the application relates that an appellant's notice has been issued and I explained to the person:

- Who the appellant is;

- The issues raised by the appeal;

- What will happen if the court makes the order or direction applied for; and

- That they may seek advice and assistance in relation to the appeal;

- I have provided with form COP5 Acknowledgment of notification.

3.5 **{** FORMCHECKBOX **} Appellant's notice has been withdrawn**

I have notified the person to whom the application relates that an appellant's notice has been withdrawn and I explained to the person:

- That the notice has been withdrawn;

- The consequence of the withdrawal; and

- That they may seek advice and assistance in relation to the appeal.

3.6 **{** FORMCHECKBOX **} A decision has been made by the court**

I have notified the person to whom the application relates that a decision except for a case management decision has been made by the court and I explained to the person:

- The effect of the decision or order; and

- That they may seek advice and assistance in relation to the decision or order,

- I have provided a copy of the order made by the court to the person.

3.7 **{** FORMCHECKBOX **} Another matter as directed by the court**

I have notified the person to whom the application relates of another matter as directed by the court and I explained to the person:

- The matters directed by the court; and

- That they may seek advice and assistance in relation to the matter.

3.8 **{** FORMCHECKBOX **} Manner of notification**

Describe the steps you took to explain the matter or matters to the person to whom the application relates and the extent to which they understood or appeared to understand the information given. Please also describe what, if anything the person to whom the application relates said or did in response to that notification.

{ FORMTEXT **}**

Section 4 - Non-notification

If you could not provide notification, please describe your attempt to do so, and explain the reasons why notification was not provided.

{ FORMTEXT **}**

Section 5 - Statement of truth

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

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

| **Signed** | | **Date** | **{** FORM TE XT **}** | **{** FO RM TE XT **}** | **{** FO RM TE XT **}** | **{** FO RM TE XT **}** | **{** FO RM TE XT **}** | **{** FO RM TE XT **}** | **{** FO RM TE XT **}** | **{** FO RM TE XT **}** |

Name
> **{** IF **{** MERGEFIELD FW_INSTR_FW_APP_SRV1 **}** = "Yes" **{** MERGEFIELD CALCULATION_FEE_EARNER_DESCRIPTION **}** "**{** MERGEFIELD FW_APP1_FW_A1_TITLE **}** **{** MERGEFIELD FW_APP1_FW_A1_FNAME **}** **{** MERGEFIELD FW_APP1_FW_A1_SNAME **}**" **}**

| **Name of firm** | **{** IF **{** MERGEFIELD FW_INSTR_FW_APP_SRV1 **}** = "Yes" **{** MERGEFIELD PRACTICEINFO_PRACTICE_NAME **}** " " **}** | **Position or office held** | **{** IF **{** MERGEFIELD FW_INSTR_FW_APP_SRV1 **}** = "Yes" **{** MERGEFIELD CALCULATION_STATUS_DESCRIPTION **}** " " **}** |

Please return the completed certificate to the Court of Protection

Note:
No other forms need to be attached with this form. However, it may assist the court if your completed **COP20A** and **COP20B** could be returned at the same time.

COP20B - Cert of service

notification 07/15

Court of Protection
Certificate of service/non-service notification/non-notification

Case no.

{ MERGEFIELD FW_OP_FW_COP_REF }

Please refer to the guidance notes for COP20B before completing this form

Full name of person to whom the application/appeal relates
(this is 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 – Details of the person who provided service/notification

1.1   Full name:

{ IF { MERGEFIELD FW_INSTR_FW_APP_SRV1 } = "Yes" "{ MERGEFIELD
CALCULATION_FEE_EARNER_DESCRIPTION }" "{ MERGEFIELD
FW_APP1_FW_A1_TITLE } { MERGEFIELD FW_APP1_FW_A1_FNAME } { MERGEFIELD
FW_APP1_FW_A1_SNAME }" }

1.2   In what capacity are you providing notice?

As the:

{IF { MERGEFIELD
FW_INSTR_FW_APP_SRV1 } =
"Yes" ☐ ☑ } Applicant

{ FORMCHECKBOX }
Appellant

{ FORMCHECKBOX }
Respondent

{IF { MERGEFIELD
FW_INSTR_FW_APP_SRV1 } =
"No" ☐ ☑ } Applicant's
solicitor

{ FORMCHECKBOX }
Appellant's solicitor

{ FORMCHECKBOX }
Respondent's solicitor

{ FORMCHECKBOX }
Applicant's litigation friend

{ FORMCHECKBOX }
Agent

{ FORMCHECKBOX }
Respondent's litigation friend

{ FORMCHECKBOX } Agent

{ FORMCHECKBOX } Other *(Please give details)*

{ FORMTEXT }

Section 2 – People served (See Section 3 for people notified)

2.1   Title or description of the document (tick only one box)

{ FORMCHECKBOX } Application form (plus supporting evidence)

{ FORMCHECKBOX } Appellant's notice

{ FORMCHECKBOX } Respondent's notice

{ FORMCHECKBOX } Certificate of suitability of litigation friend

{ FORMCHECKBOX } Other (Please give details)

| **{** FORMTEXT **}** |

Please photocopy this sheet before use if additional people need to be served

2.2   In respect of all served

1. Name of person served

{ MERGEFIELD FW_RES_FW_RES1_TITLE } { MERGEFIELD FW_RES_FW_RES1_FNAME } { MERGEFIELD FW_RES_FW_RES1_SNAME }

Date of service

{ MERGEFIELD FW_RES_FW_RES1_NOT1 }

Method of service

{ FORMCHECKBOX } 1st class post { FORMCHECKBOX } fax

{ FORMCHECKBOX } in person   { FORMCHECKBOX } other electronic means

{ FORMCHECKBOX } DX   { FORMCHECKBOX } permitted address

{ FORMCHECKBOX } alternative method as directed by court order

Address of service

{ MERGEFIELD FW_RES_FW_RES1_ADD1 \f" "} { MERGEFIELD FW_RES_FW_RES1_ADD2 \f" "} { MERGEFIELD FW_RES_FW_RES1_TOWN \f" "} { MERGEFIELD FW_RES_FW_RES1_COUNTY \f" "} { MERGEFIELD FW_RES_FW_RES1_PCODE \f" "}

---

2. Name of person served

{ MERGEFIELD "FW_RES2_FW_RES2_TITLE" } { MERGEFIELD "FW_RES2_FW_RES2_FNAME" } { MERGEFIELD "FW_RES2_FW_RES2_SNAME" }

Date of service

{ MERGEFIELD FW_NTFY2_FW_NTFY2_NOT1 }

Method of service

{ FORMCHECKBOX } 1st class post { FORMCHECKBOX } fax

{ FORMCHECKBOX } in person   { FORMCHECKBOX } other electronic means

{ FORMCHECKBOX } DX   { FORMCHECKBOX } permitted address

{ FORMCHECKBOX } alternative method as directed by court order

Address of service

{ MERGEFIELD "FW_RES2_FW_RES2_ADD1" \f" "} { MERGEFIELD "FW_RES2_FW_RES2_ADD2" \f" "} { MERGEFIELD "FW_RES2_FW_RES2_TOWN" \f" "} { MERGEFIELD "FW_RES2_FW_RES2_COUNTY" \f" "} { MERGEFIELD "FW_RES2_FW_RES2_PCODE" \f" "}

---

3. Name of person served

{ MERGEFIELD "FW_RES3_FW_RES3_TITLE" } { MERGEFIELD "FW_RES3_FW_RES3_FNAME" } { MERGEFIELD "FW_RES3_FW_RES3_SNAME" }

Date of service

{ MERGEFIELD FW_NTFY3_FW_NTFY3_NOT1 }

Method of service

{ FORMCHECKBOX } 1st class post { FORMCHECKBOX } fax

{ FORMCHECKBOX } in person   { FORMCHECKBOX } other electronic means

{ FORMCHECKBOX } DX   {

Address of service

{ MERGEFIELD "FW_RES3_FW_RES3_ADD1" \f" "**}** **{** MERGEFIELD "FW_RES3_FW_RES3_ADD2" \f" "**}** **{** MERGEFIELD "FW_RES3_FW_RES3_TOWN" \f" "**}** **{** MERGEFIELD "FW_RES3_FW_RES3_COUNTY" \f" "**}** **{** MERGEFIELD "FW_RES3_FW_RES3_PCODE" \f" "**}**	FORMCHECKBOX **}** permitted address **{** FORMCHECKBOX **}** alternative method as directed by court order

---

4. Name of person served

{ MERGEFIELD "FW_RES4_FW_RES4_TITLE" **} {** MERGEFIELD "FW_RES4_FW_RES4_FNAME" **} {** MERGEFIELD "FW_RES4_FW_RES4_SNAME" **}**	

Date of service

{ MERGEFIELD FW_RES4_FW_RES4_NOT1 **}**

Method of service

{ FORMCHECKBOX **}** 1st class post **{** FORMCHECKBOX **}** fax

Address of service

{ MERGEFIELD FW_RES4_FW_RES4_ADD1 \f" "**}** **{** MERGEFIELD "FW_RES4_FW_RES4_ADD2" \f" "**}** **{** MERGEFIELD "FW_RES4_FW_RES4_TOWN" \f" "**}** **{** MERGEFIELD "FW_RES4_FW_RES4_COUNTY" \f" "**}** **{** MERGEFIELD "FW_RES4_FW_RES4_PCODE" \f" "**}**

{ FORMCHECKBOX **}** in person   **{** FORMCHECKBOX **}** other electronic means

{ FORMCHECKBOX **}** DX   **{** FORMCHECKBOX **}** permitted address

{ FORMCHECKBOX **}** alternative method as directed by court order

Section 3 – People notified Please photocopy this sheet before use if additional people need to be notified

I have given notice of issue of application form (COP15) to the following:

1. Name of person notified

{ MERGEFIELD "FW_NTFY_FW_NTFY1_TITLE" } { MERGEFIELD "FW_NTFY_FW_NTFY1_FNAME" } { MERGEFIELD "FW_NTFY_FW_NTFY1_SNAME" }

Address of notification

{ MERGEFIELD "FW_NTFY_FW_NTFY1_ADD1" \f" "}
{ MERGEFIELD "FW_NTFY_FW_NTFY1_ADD2" \f" "}
{ MERGEFIELD "FW_NTFY_FW_NTFY1_TOWN" \f" "}
{ MERGEFIELD "FW_NTFY_FW_NTFY1_COUNTY" \f" "}
{ MERGEFIELD "FW_NTFY_FW_NTFY1_PCODE" \f" "}

Date of notification

{ MERGEFIELD FW_NTFY_FW_NTFY1_NOT1 }

Method of notification

{ FORMCHECKBOX } 1st class post { FORMCHECKBOX } fax

{ FORMCHECKBOX } in person { FORMCHECKBOX } other electronic means

{ FORMCHECKBOX } DX { FORMCHECKBOX } permitted address

{ FORMCHECKBOX } alternative method as directed by court order

---

2. Name of person notified

{ MERGEFIELD "FW_NTFY2_FW_NTFY2_TITLE" } { MERGEFIELD "FW_NTFY2_FW_NTFY2_FNAME" } { MERGEFIELD "FW_NTFY2_FW_NTFY2_SNAME" }

Address of notification

{ MERGEFIELD "FW_NTFY2_FW_NTFY2_ADD1" \f" "}
{ MERGEFIELD "FW_NTFY2_FW_NTFY2_ADD2" \f" "}
{ MERGEFIELD "FW_NTFY2_FW_NTFY2_TOWN" \f" "}
{ MERGEFIELD "FW_NTFY2_FW_NTFY2_COUNTY" \f" "}
{ MERGEFIELD "FW_NTFY2_FW_NTFY2_PCODE" \f" "}

Date of notification

{ MERGEFIELD FW_NTFY2_FW_NTFY2_NOT1 }

Method of notification

{ FORMCHECKBOX } 1st class post { FORMCHECKBOX } fax

{ FORMCHECKBOX } in person { FORMCHECKBOX } other electronic means

{ FORMCHECKBOX } DX { FORMCHECKBOX } permitted address

{ FORMCHECKBOX } alternative method as directed by court order

---

3. Name of person notified

{ MERGEFIELD "FW_NTFY3_FW_NTFY3_TITLE" } { MERGEFIELD "FW_NTFY3_FW_NTFY3_FNAME" } { MERGEFIELD "FW_NTFY3_FW_NTFY3_SNAME" }

Address of notification

Date of notification

{ MERGEFIELD FW_NTFY3_FW_NTFY3_NOT1 }

Method of notification

{ FORMCHECKBOX } 1st class post { FORMCHECKBOX } fax

{ FORMCHECKBOX } in person { FORMCHECKBOX } other electronic means

{ FORMCHECKBOX } DX {

{ MERGEFIELD "FW_NTFY3_FW_NTFY3_ADD1" \f" "} { MERGEFIELD "FW_NTFY3_FW_NTFY3_ADD2" \f" "} { MERGEFIELD "FW_NTFY3_FW_NTFY3_TOWN" \f" "} { MERGEFIELD "FW_NTFY3_FW_NTFY3_COUNTY" \f" "} { MERGEFIELD "FW_NTFY3_FW_NTFY3_PCODE" \f" "}	FORMCHECKBOX } permitted address { FORMCHECKBOX } alternative method as directed by court order

4. Name of person notified

{ MERGEFIELD "FW_NTFY4_FW_NTFY4_TITLE" } { MERGEFIELD "FW_NTFY4_FW_NTFY4_FNAME" } { MERGEFIELD "FW_NTFY4_FW_NTFY4_SNAME" }

Address of notification

{ MERGEFIELD "FW_NTFY4_FW_NTFY4_ADD1" \f" "} { MERGEFIELD "FW_NTFY4_FW_NTFY4_ADD2" \f" "} { MERGEFIELD "FW_NTFY4_FW_NTFY4_TOWN" \f" "} { MERGEFIELD "FW_NTFY4_FW_NTFY4_COUNTY" \f" "} { MERGEFIELD "FW_NTFY4_FW_NTFY4_PCODE" \f" "}

Date of notification

{ MERGEFIELD FW_NTFY4_FW_NTFY4_NOT1 }

Method of notification

{ FORMCHECKBOX } 1st class post { FORMCHECKBOX } fax

{ FORMCHECKBOX } in person { FORMCHECKBOX } other electronic means

{ FORMCHECKBOX } DX { FORMCHECKBOX } permitted address

{ FORMCHECKBOX } alternative method as directed by court order

Section 4 – Non-service/Non-notification

I could not serve/give notice to:

1. Name

{ FORMTEXT }

Reason:

{ FORMTEXT }

2. Name

{ FORMTEXT }

Reason:

{ FORMTEXT }

3. Name

{ FORMTEXT }

Reason:

{ FORMTEXT }

Section 5 - Statement of truth

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

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

Signed		**Date**	{ FORMTEXT }	{ FORMTEXT }	{ FORMTEXT }	{ FORMTEXT }	{ FORMTEXT }	{ FORMTEXT }	{ FORMTEXT }	{ FORMTEXT }

Name { IF { MERGEFIELD FW_INSTR_FW_APP_SRV1 } = "Yes" "{ MERGEFIELD CALCULATION_FEE_EARNER_DESCRIPTION }" "{ MERGEFIELD FW_APP1_FW_A1_TITLE } { MERGEFIELD FW_APP1_FW_A1_FNAME } { MERGEFIELD FW_APP1_FW_A1_SNAME }" }

Name of firm { IF { MERGEFIELD FW_INSTR_FW_APP_SRV1 } = "Yes" "{ MERGEFIELD PRACTICEINFO_PRACTICE_NAME }" "" }

Position or office held { IF { MERGEFIELD FW_INSTR_FW_APP_SRV1 } = "Yes" "{ MERGEFIELD CALCULATION_STATUS_DESCRIPTION }" "" }

Please return the completed certificate to the Court of Protection

Note:
No other forms need to be attached with this form. However, it may assist the court if your completed **COP20A** and **COP20B** could be returned at the same time.

COP24 - Witness statement 12/17

Court of Protection
Witness Statement

Statement given by (name of witness) **{** FORMTEXT **}**
Statement **{** FORMCHECKBOX **}** 1st **{** FORMCHECKBOX **}** 2nd   **{** FORMCHECKBOX **}** 3rd **{** FORMCHECKBOX **}** Other **{** FORMTEXT **}**
Filed on behalf of (name of party) **{** FORMTEXT **}**
Date statement was made **{** FORMTEXT **}**

Case no.

{ MERGEFIELD FW_OP_FW_COP_REF **}**

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

«FW_PER_REL_FW_CLI1_TITLE»«FW_PER_REL_FW_CLI1_FNAME»«FW_PER_REL_FW_CLI1_MNAME»«FW_PER_REL_FW_CLI1_SNAME»

Please read first

- If you are filing written evidence with the court then it should be included in or attached to this form.

- If the court requires that evidence be given by affidavit then you need to use the COP25 affidavit form.

- You must initial any alterations to the witness statement.

- A document referred to in a witness statement and provided to the court is known as an exhibit. Each exhibit must be identified in some way (e.g. 'Exhibit A'). The first page of the exhibit must contain all of the information provided in the box in the top-right corner of this page.

- Practice Direction A accompanying Part 4 of the Court of Protection Rules 2007 sets out more detailed requirements in relation to witness statements.

- Please continue on a separate sheet of paper if you need more space to provide your witness statement. Please mark each separate sheet with all of the information provided in the box in the top-right corner of this page.

- If you need help completing this form please check the website, www.hmcourts-service.gov.uk, for further guidance or information, or contact Customer Services on 0845 330 2900.

- Court of Protection staff cannot give legal advice. If you need legal advice please contact a solicitor.

Witness statement

1	Enter your full name

I

1	{ FORMTEXT }

2	Enter your occupation or description

2	{ FORMTEXT }

3	Enter your full address including postcode or, if making the statement in your professional, business or other occupational capacity, the position you hold, the name of your firm or employer and the address at which you work

Of

3	{ FORMTEXT }

{ FORMCHECKBOX } am a party to the proceedings

{ FORMCHECKBOX } am employed by a party to the proceedings

and state that:

4	Set out in numbered paragraphs indicating: • which of the statements are from your own knowledge and which are matters of information or belief, and • the source for any matters of information or belief. Where you refer to an exhibit, you should state the identifier you have used. For example, 'I refer to the (description of document) marked Exhibit A...'

4	{ FORMTEXT }

continued over

4 **{** FORMTEXT **}**

4 **{** FORMTEXT **}**

Statement of truth

The statement of truth is to be signed by the witness.

I believe that the facts stated in this witness statement are true.

Signed

Name | **{** FORMTEXT **}** | **Date** | **{** FORMTEXT **}**

Please return the completed witness statement to the Court of Protection

Letter Sending Notice to Notified

Person 1

{INCLUDETEXT
"C:\\Users\\neilb\\AppData\\Local\\Packages\\PraccticeLimited.OspreyApproachSupervisor
App_expxx2x1s6rv4\\LocalState\\OspreyDocuments\\504ba4c9-1d71-4af3-a696-
02f9abbd8ff0\\header.doc"**}**

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

Your Ref:

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

{ MERGEFIELD FW_NTFY_FW_NTFY1_TITLE **} {** MERGEFIELD
FW_NTFY_FW_NTFY1_INIT **} {** MERGEFIELD FW_NTFY_FW_NTFY1_SNAME **}**
{ MERGEFIELD FW_NTFY_FW_NTFY1_ADD1 \f", "**}**
{ MERGEFIELD FW_NTFY_FW_NTFY1_ADD2 \f", "**}**
{ MERGEFIELD FW_NTFY_FW_NTFY1_TOWN \f", "**}**
{ MERGEFIELD FW_NTFY_FW_NTFY1_COUNTY \f", "**}**
{ MERGEFIELD FW_NTFY_FW_NTFY1_PCODE \f" "**}**

Dear **{** MERGEFIELD FW_NTFY_FW_NTFY1_TITLE **} {** MERGEFIELD
FW_NTFY_FW_NTFY1_SNAME **}**

Re: { MERGEFIELD MATTER_MATTER_DESCRIPTION }

We write to inform you of an application that has been made to the Court of Protection for **{**
MERGEFIELD FW_APP1_FW_A1_TITLE \f" " **}{** MERGEFIELD FW_APP1_FW_A1_FNAME \f" "
}{ MERGEFIELD FW_APP1_FW_A1_MNAME \f" " **}{** MERGEFIELD FW_APP1_FW_A1_SNAME **}{**
if **{** MERGEFIELD FW_APP2_FW_A2_SNAME **}** <> "" " and **{** MERGEFIELD
FW_APP2_FW_A2_TITLE \f" " **}{** MERGEFIELD FW_APP2_FW_A2_FNAME \f" " **}{** MERGEFIELD
FW_APP2_FW_A2_MNAME \f" " **}{** MERGEFIELD FW_APP2_FW_A2_SNAME **}"** } to be appointed
as **{** IF **{** MERGEFIELD FW_APP2_FW_A2_SNAME **}** = "" "Deputy" "Deputies" **}** for **{** IF **{**
MERGEFIELD FW_INSTR_FW_APP_TYPE **}** = "Appointment of deputy for property and
affairs" "Property and Affairs" **{** IF **{** MERGEFIELD FW_INSTR_FW_APP_TYPE **}** =
"Appointment of deputy for personal welfare" "Personal Welfare" **} }** for the above named
person.

Please find enclosed forms COP15 and COP5 as It is believed that you are likely to have an
interest in being notified of this application. You have the opportunity to be joined as a party
to the proceedings if you wish to participate in the hearing.

I am unable to offer advice on this application, so you should contact the Court of Protection
or seek independent legal advice if you have any queries.

Yours sincerely

{INCLUDETEXT
"C:\\Users\\neilb\\AppData\\Local\\Packages\\PraccticeLimited.OspreyApproachSupervisorA
pp_expxx2x1s6rv4\\LocalState\\OspreyDocuments\\504ba4c9-1d71-4af3-a696-
02f9abbd8ff0\\footer.doc"**}**

{ MERGEFIELD CALCULATION_FEE_EARNER_DESCRIPTION }
{ MERGEFIELD PRACTICEINFO_PRACTICE_NAME*UPPER }

Letter Sending Notice to Notified

Person 2

{INCLUDETEXT
"C:\\Users\\neilb\\AppData\\Local\\Packages\\PraccticeLimited.OspreyApproachSupervisor
App_expxx2x1s6rv4\\LocalState\\OspreyDocuments\\99551a84-60e5-4042-8439-
1ba7b3c190c5\\header.doc"**}**

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

Your Ref:

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

{ MERGEFIELD FW_NTFY2_FW_NTFY2_TITLE **} {** MERGEFIELD
FW_NTFY2_FW_NTFY2_INIT **} {** MERGEFIELD FW_NTFY2_FW_NTFY2_SNAME **}**
{ MERGEFIELD FW_NTFY2_FW_NTFY2_ADD1 \f", "**}**
{ MERGEFIELD FW_NTFY2_FW_NTFY2_ADD2 \f", "**}**
{ MERGEFIELD FW_NTFY2_FW_NTFY2_TOWN \f", "**}**
{ MERGEFIELD FW_NTFY2_FW_NTFY2_COUNTY \f", "**}**
{ MERGEFIELD FW_NTFY2_FW_NTFY2_PCODE \f" "**}**

Dear **{** MERGEFIELD FW_NTFY2_FW_NTFY2_TITLE **} {** MERGEFIELD
FW_NTFY2_FW_NTFY2_SNAME **}**

Re: **{ MERGEFIELD MATTER_MATTER_DESCRIPTION }**

We write to inform you of an application that has been made to the Court of Protection for **{**
MERGEFIELD FW_APP1_FW_A1_TITLE \f" " **}{** MERGEFIELD FW_APP1_FW_A1_FNAME \f" "
}{ MERGEFIELD FW_APP1_FW_A1_MNAME \f" " **}{** MERGEFIELD FW_APP1_FW_A1_SNAME **}{**
if **{** MERGEFIELD FW_APP2_FW_A2_SNAME **}** <> "" " and **{** MERGEFIELD
FW_APP2_FW_A2_TITLE \f" " **}{** MERGEFIELD FW_APP2_FW_A2_FNAME \f" " **}{** MERGEFIELD
FW_APP2_FW_A2_MNAME \f" " **}{** MERGEFIELD FW_APP2_FW_A2_SNAME **}**" **}** to be appointed
as **{** IF **{** MERGEFIELD FW_APP2_FW_A2_SNAME **}** = "" "Deputy" "Deputies" **}** for **{** IF **{**
MERGEFIELD FW_INSTR_FW_APP_TYPE **}** = "Appointment of deputy for property and
affairs" "Property and Affairs" **{** IF **{** MERGEFIELD FW_INSTR_FW_APP_TYPE **}** =
"Appointment of deputy for personal welfare" "Personal Welfare" **} }** for the above named
person.

Please find enclosed forms COP15 and COP5 as It is believed that you are likely to have an
interest in being notified of this application. You have the opportunity to be joined as a party
to the proceedings if you wish to participate in the hearing.

I am unable to offer advice on this application, so you should contact the Court of Protection
or seek independent legal advice if you have any queries.

Yours sincerely

{ MERGEFIELD CALCULATION_FEE_EARNER_DESCRIPTION }
{ MERGEFIELD PRACTICEINFO_PRACTICE_NAME*UPPER }

{INCLUDETEXT
"C:\\Users\\neilb\\AppData\\Local\\Packages\\PraccticeLimited.OspreyApproachSupervisorA
pp_expxx2x1s6rv4\\LocalState\\OspreyDocuments\\99551a84-60e5-4042-8439-
1ba7b3c190c5\\footer.doc"**}**

Letter Sending Notice to Notified

Person 3

{INCLUDETEXT "C:\\Users\\neilb\\AppData\\Local\\Packages\\PraccticeLimited.OspreyApproachSupervisor App_expxx2x1s6rv4\\LocalState\\OspreyDocuments\\f19e9590-312c-4d41-b1e3-119d362500b6\\header.doc"**}**

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

Your Ref:

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

{ MERGEFIELD FW_NTFY3_FW_NTFY3_TITLE **}** **{** MERGEFIELD FW_NTFY3_FW_NTFY3_INIT **}** **{** MERGEFIELD FW_NTFY3_FW_NTFY3_SNAME **}**
{ MERGEFIELD FW_NTFY3_FW_NTFY3_ADD1 \f", "**}**
{ MERGEFIELD FW_NTFY3_FW_NTFY3_ADD2 \f", "**}**
{ MERGEFIELD FW_NTFY3_FW_NTFY3_TOWN \f", "**}**
{ MERGEFIELD FW_NTFY3_FW_NTFY3_COUNTY \f", "**}**
{ MERGEFIELD FW_NTFY3_FW_NTFY3_PCODE \f" "**}**

Dear **{** MERGEFIELD FW_NTFY3_FW_NTFY3_TITLE **}** **{** MERGEFIELD FW_NTFY3_FW_NTFY3_SNAME **}**

Re: { MERGEFIELD MATTER_MATTER_DESCRIPTION }

We write to inform you of an application that has been made to the Court of Protection for **{** MERGEFIELD FW_APP1_FW_A1_TITLE \f" " **}{** MERGEFIELD FW_APP1_FW_A1_FNAME \f" " **}{** MERGEFIELD FW_APP1_FW_A1_MNAME \f" " **}{** MERGEFIELD FW_APP1_FW_A1_SNAME **}{** if **{** MERGEFIELD FW_APP2_FW_A2_SNAME **}** <> "" " and **{** MERGEFIELD FW_APP2_FW_A2_TITLE \f" " **}{** MERGEFIELD FW_APP2_FW_A2_FNAME \f" " **}{** MERGEFIELD FW_APP2_FW_A2_MNAME \f" " **}{** MERGEFIELD FW_APP2_FW_A2_SNAME **}**" **}** to be appointed as **{** IF **{** MERGEFIELD FW_APP2_FW_A2_SNAME **}** = "" "Deputy" "Deputies" **}** for **{** IF **{** MERGEFIELD FW_INSTR_FW_APP_TYPE **}** = "Appointment of deputy for property and affairs" "Property and Affairs" **{** IF **{** MERGEFIELD FW_INSTR_FW_APP_TYPE **}** = "Appointment of deputy for personal welfare" "Personal Welfare" **}** **}** for the above named person.

Please find enclosed forms COP15 and COP5 as It is believed that you are likely to have an interest in being notified of this application. You have the opportunity to be joined as a party to the proceedings if you wish to participate in the hearing.

I am unable to offer advice on this application, so you should contact the Court of Protection or seek independent legal advice if you have any queries.

Yours sincerely

{ MERGEFIELD CALCULATION_FEE_EARNER_DESCRIPTION }
{ MERGEFIELD PRACTICEINFO_PRACTICE_NAME*UPPER }

{INCLUDETEXT "C:\\Users\\neilb\\AppData\\Local\\Packages\\PraccticeLimited.OspreyApproachSupervisorA pp_expxx2x1s6rv4\\LocalState\\OspreyDocuments\\f19e9590-312c-4d41-b1e3-119d362500b6\\footer.doc"**}**

Letter Sending Notice to Notified

Person 4

{INCLUDETEXT
"C:\\Users\\neilb\\AppData\\Local\\Packages\\PracticeLimited.OspreyApproachSupervisor
App_expxx2x1s6rv4\\LocalState\\OspreyDocuments\\578b5af3-a3d7-4062-ad8b-
381f490311d4\\header.doc"}

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

Your Ref:

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

{ MERGEFIELD FW_NTFY4_FW_NTFY4_TITLE **} {** MERGEFIELD
FW_NTFY4_FW_NTFY4_INIT **} {** MERGEFIELD FW_NTFY4_FW_NTFY4_SNAME **}**
{ MERGEFIELD FW_NTFY4_FW_NTFY4_ADD1 \f", "**}**
{ MERGEFIELD FW_NTFY4_FW_NTFY4_ADD2 \f", "**}**
{ MERGEFIELD FW_NTFY4_FW_NTFY4_TOWN \f", "**}**
{ MERGEFIELD FW_NTFY4_FW_NTFY4_COUNTY \f", "**}**
{ MERGEFIELD FW_NTFY4_FW_NTFY4_PCODE \f" "**}**

Dear **{** MERGEFIELD FW_NTFY4_FW_NTFY4_TITLE **} {** MERGEFIELD
FW_NTFY4_FW_NTFY4_SNAME **}**

Re: **{ MERGEFIELD MATTER_MATTER_DESCRIPTION }**

We write to inform you of an application that has been made to the Court of Protection for **{**
MERGEFIELD FW_APP1_FW_A1_TITLE \f" " **}{** MERGEFIELD FW_APP1_FW_A1_FNAME \f" "
}{ MERGEFIELD FW_APP1_FW_A1_MNAME \f" " **}{** MERGEFIELD FW_APP1_FW_A1_SNAME **}{**
if **{** MERGEFIELD FW_APP2_FW_A2_SNAME **}** <> "" " and **{** MERGEFIELD
FW_APP2_FW_A2_TITLE \f" " **}{** MERGEFIELD FW_APP2_FW_A2_FNAME \f" " **}{** MERGEFIELD
FW_APP2_FW_A2_MNAME \f" " **}{** MERGEFIELD FW_APP2_FW_A2_SNAME **}**" **}** to be appointed
as **{** IF **{** MERGEFIELD FW_APP2_FW_A2_SNAME **}** = "" "Deputy" "Deputies" **}** for **{** IF **{**
MERGEFIELD FW_INSTR_FW_APP_TYPE **}** = "Appointment of deputy for property and
affairs" "Property and Affairs" **{** IF **{** MERGEFIELD FW_INSTR_FW_APP_TYPE **}** =
"Appointment of deputy for personal welfare" "Personal Welfare" **} }** for the above named
person.

Please find enclosed forms COP15 and COP5 as It is believed that you are likely to have an
interest in being notified of this application. You have the opportunity to be joined as a party
to the proceedings if you wish to participate in the hearing.

I am unable to offer advice on this application, so you should contact the Court of Protection
or seek independent legal advice if you have any queries.

Yours sincerely

{ MERGEFIELD CALCULATION_FEE_EARNER_DESCRIPTION }
{ MERGEFIELD PRACTICEINFO_PRACTICE_NAME*UPPER }

{INCLUDETEXT
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381f490311d4\\footer.doc"}

Letter Sending Notice to

Respondent 1

{INCLUDETEXT "C:\\Users\\neilb\\AppData\\Local\\Packages\\PraccticeLimited.OspreyApproachSupervisorApp_expxx2x1s6rv4\\LocalState\\OspreyDocuments\\1b1efff8-2d1c-458f-8104-1de5f485a76e\\header.doc"}

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

Your Ref:

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

{ MERGEFIELD FW_RES_FW_RES1_TITLE } { MERGEFIELD FW_RES_FW_RES1_INITIAL } { MERGEFIELD FW_RES_FW_RES1_SNAME }
{ MERGEFIELD FW_RES_FW_RES1_ADD1 \f", "}
{ MERGEFIELD FW_RES_FW_RES1_ADD2 \f", "}
{ MERGEFIELD FW_RES_FW_RES1_TOWN \f", "}
{ MERGEFIELD FW_RES_FW_RES1_COUNTY \f", "}
{ MERGEFIELD FW_RES_FW_RES1_PCODE \f" "}

Dear { MERGEFIELD FW_RES_FW_RES1_TITLE } { MERGEFIELD FW_RES_FW_RES1_SNAME }

Re: { MERGEFIELD MATTER_MATTER_DESCRIPTION }

We write to inform you of an application that has been made to the Court of Protection for { MERGEFIELD FW_APP1_FW_A1_TITLE \f" " }{ MERGEFIELD FW_APP1_FW_A1_FNAME \f" " }{ MERGEFIELD FW_APP1_FW_A1_MNAME \f" " }{ MERGEFIELD FW_APP1_FW_A1_SNAME }{ if { MERGEFIELD FW_APP2_FW_A2_SNAME } <> "" " and { MERGEFIELD FW_APP2_FW_A2_TITLE \f" " }{ MERGEFIELD FW_APP2_FW_A2_FNAME \f" " }{ MERGEFIELD FW_APP2_FW_A2_MNAME \f" " }{ MERGEFIELD FW_APP2_FW_A2_SNAME }" } to be appointed as { IF { MERGEFIELD FW_APP2_FW_A2_SNAME } = "" "Deputy" "Deputies" } for { IF { MERGEFIELD FW_INSTR_FW_APP_TYPE } = "Appointment of deputy for property and affairs" "Property and Affairs" { IF { MERGEFIELD FW_INSTR_FW_APP_TYPE } = "Appointment of deputy for personal welfare" "Personal Welfare" } } for the above named person.

Please find enclosed forms COP15 and COP5 as It is believed that you are likely to have an interest in being notified of this application. You have the opportunity to be joined as a party to the proceedings if you wish to participate in the hearing.

I am unable to offer advice on this application, so you should contact the Court of Protection or seek independent legal advice if you have any queries.

Yours sincerely

{ MERGEFIELD CALCULATION_FEE_EARNER_DESCRIPTION }
{ MERGEFIELD PRACTICEINFO_PRACTICE_NAME*UPPER }

{INCLUDETEXT "C:\\Users\\neilb\\AppData\\Local\\Packages\\PraccticeLimited.OspreyApproachSupervisorApp_expxx2x1s6rv4\\LocalState\\OspreyDocuments\\1b1efff8-2d1c-458f-8104-1de5f485a76e\\footer.doc"}

Letter Sending Notice to

Respondent 2

{INCLUDETEXT
"C:\\Users\\neilb\\AppData\\Local\\Packages\\PraccticeLimited.OspreyApproachSupervisor
App_expxx2x1s6rv4\\LocalState\\OspreyDocuments\\f3ee3525-114f-4c5d-bf7a-
bada2a2d5d06\\header.doc"**}**

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

Your Ref:

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

{ MERGEFIELD FW_RES2_FW_RES2_TITLE **}** **{** MERGEFIELD
FW_RES2_FW_RES2_INITIAL **}** **{** MERGEFIELD FW_RES2_FW_RES2_SNAME **}**
{ MERGEFIELD FW_RES2_FW_RES2_ADD1 \f", "**}**
{ MERGEFIELD FW_RES2_FW_RES2_ADD2 \f", "**}**
{ MERGEFIELD FW_RES2_FW_RES2_TOWN \f", "**}**
{ MERGEFIELD FW_RES2_FW_RES2_COUNTY \f", "**}**
{ MERGEFIELD FW_RES2_FW_RES2_PCODE \f" "**}**

Dear **{** MERGEFIELD FW_RES2_FW_RES2_TITLE **}** **{** MERGEFIELD
FW_RES2_FW_RES2_SNAME **}**

Re: **{ MERGEFIELD MATTER_MATTER_DESCRIPTION }**

We write to inform you of an application that has been made to the Court of Protection for **{**
MERGEFIELD FW_APP1_FW_A1_TITLE \f" " **}{** MERGEFIELD FW_APP1_FW_A1_FNAME \f" " **}{**
MERGEFIELD FW_APP1_FW_A1_MNAME \f" " **}{** MERGEFIELD FW_APP1_FW_A1_SNAME **}{** if
{ MERGEFIELD FW_APP2_FW_A2_SNAME **}** <> "" " and **{** MERGEFIELD
FW_APP2_FW_A2_TITLE \f" " **}{** MERGEFIELD FW_APP2_FW_A2_FNAME \f" " **}{** MERGEFIELD
FW_APP2_FW_A2_MNAME \f" " **}{** MERGEFIELD FW_APP2_FW_A2_SNAME **}**" **}** to be appointed
as **{** IF **{** MERGEFIELD FW_APP2_FW_A2_SNAME **}** = "" "Deputy" "Deputies" **}** for **{** IF **{**
MERGEFIELD FW_INSTR_FW_APP_TYPE **}** = "Appointment of deputy for property and
affairs" "Property and Affairs" **{** IF **{** MERGEFIELD FW_INSTR_FW_APP_TYPE **}** =
"Appointment of deputy for personal welfare" "Personal Welfare" **}** **}** for the above named
person.

Please find enclosed forms COP15 and COP5 as It is believed that you are likely to have an
interest in being notified of this application. You have the opportunity to be joined as a party
to the proceedings if you wish to participate in the hearing.

I am unable to offer advice on this application, so you should contact the Court of Protection
or seek independent legal advice if you have any queries.

Yours sincerely

{ MERGEFIELD CALCULATION_FEE_EARNER_DESCRIPTION }
{ MERGEFIELD PRACTICEINFO_PRACTICE_NAME*UPPER }

{INCLUDETEXT
"C:\\Users\\neilb\\AppData\\Local\\Packages\\PraccticeLimited.OspreyApproachSupervisorA
pp_expxx2x1s6rv4\\LocalState\\OspreyDocuments\\f3ee3525-114f-4c5d-bf7a-
bada2a2d5d06\\footer.doc"**}**

Letter Sending Notice to

Respondent 3

{INCLUDETEXT
"C:\\Users\\neilb\\AppData\\Local\\Packages\\PraccticeLimited.OspreyApproachSupervisor
App_expxx2x1s6rv4\\LocalState\\OspreyDocuments\\b6951517-1497-4048-98ba-
0a537c5a10bc\\header.doc"**}**

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

Your Ref:

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

{ MERGEFIELD FW_RES3_FW_RES3_TITLE **} {** MERGEFIELD
FW_RES3_FW_RES3_INITIAL **} {** MERGEFIELD FW_RES3_FW_RES3_SNAME **}**
{ MERGEFIELD FW_RES3_FW_RES3_ADD1 \f", "**}**
{ MERGEFIELD FW_RES3_FW_RES3_ADD2 \f", "**}**
{ MERGEFIELD FW_RES3_FW_RES3_TOWN \f", "**}**
{ MERGEFIELD FW_RES3_FW_RES3_COUNTY \f", "**}**
{ MERGEFIELD FW_RES3_FW_RES3_PCODE \f" "**}**

Dear **{** MERGEFIELD FW_RES3_FW_RES3_TITLE **} {** MERGEFIELD
FW_RES3_FW_RES3_SNAME **}**

Re: **{ MERGEFIELD MATTER_MATTER_DESCRIPTION }**

We write to inform you of an application that has been made to the Court of Protection for **{**
MERGEFIELD FW_APP1_FW_A1_TITLE \f" " **}{** MERGEFIELD FW_APP1_FW_A1_FNAME \f" "
}{ MERGEFIELD FW_APP1_FW_A1_MNAME \f" " **}{** MERGEFIELD FW_APP1_FW_A1_SNAME **}{**
if **{** MERGEFIELD FW_APP2_FW_A2_SNAME **}** <> "" " and **{** MERGEFIELD
FW_APP2_FW_A2_TITLE \f" " **}{** MERGEFIELD FW_APP2_FW_A2_FNAME \f" " **}{** MERGEFIELD
FW_APP2_FW_A2_MNAME \f" " **}{** MERGEFIELD FW_APP2_FW_A2_SNAME **}"** **}** to be appointed
as **{** IF **{** MERGEFIELD FW_APP2_FW_A2_SNAME **}** = "" "Deputy" "Deputies" **}** for **{** IF **{**
MERGEFIELD FW_INSTR_FW_APP_TYPE **}** = "Appointment of deputy for property and
affairs" "Property and Affairs" **{** IF **{** MERGEFIELD FW_INSTR_FW_APP_TYPE **}** =
"Appointment of deputy for personal welfare" "Personal Welfare" **} }** for the above named
person.

Please find enclosed forms COP15 and COP5 as It is believed that you are likely to have an
interest in being notified of this application. You have the opportunity to be joined as a party
to the proceedings if you wish to participate in the hearing.

I am unable to offer advice on this application, so you should contact the Court of Protection
or seek independent legal advice if you have any queries.

Yours sincerely

{ MERGEFIELD CALCULATION_FEE_EARNER_DESCRIPTION }
{ MERGEFIELD PRACTICEINFO_PRACTICE_NAME*UPPER }

{INCLUDETEXT
"C:\\Users\\neilb\\AppData\\Local\\Packages\\PraccticeLimited.OspreyApproachSupervisorA
pp_expxx2x1s6rv4\\LocalState\\OspreyDocuments\\b6951517-1497-4048-98ba-
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Letter Sending Notice to

Respondent 4

{INCLUDETEXT
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8654be1e070e\\header.doc"**}**

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

Your Ref:

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

{ MERGEFIELD FW_RES4_FW_RES4_TITLE **} {** MERGEFIELD
FW_RES4_FW_RES4_INITIAL **} {** MERGEFIELD FW_RES4_FW_RES4_SNAME **}**
{ MERGEFIELD FW_RES4_FW_RES4_ADD1 \f", "**}**
{ MERGEFIELD FW_RES4_FW_RES4_ADD2 \f", "**}**
{ MERGEFIELD FW_RES4_FW_RES4_TOWN \f", "**}**
{ MERGEFIELD FW_RES4_FW_RES4_COUNTY \f", "**}**
{ MERGEFIELD FW_RES4_FW_RES4_PCODE \f" "**}**

Dear **{** MERGEFIELD FW_RES4_FW_RES4_TITLE **} {** MERGEFIELD
FW_RES4_FW_RES4_SNAME **}**

Re: **{ MERGEFIELD MATTER_MATTER_DESCRIPTION }**

We write to inform you of an application that has been made to the Court of Protection for **{**
MERGEFIELD FW_APP1_FW_A1_TITLE \f" " **}{** MERGEFIELD FW_APP1_FW_A1_FNAME \f" "
}{ MERGEFIELD FW_APP1_FW_A1_MNAME \f" " **}{** MERGEFIELD FW_APP1_FW_A1_SNAME **}{**
if **{** MERGEFIELD FW_APP2_FW_A2_SNAME **}** <> "" " and **{** MERGEFIELD
FW_APP2_FW_A2_TITLE \f" " **}{** MERGEFIELD FW_APP2_FW_A2_FNAME \f" " **}{** MERGEFIELD
FW_APP2_FW_A2_MNAME \f" " **}{** MERGEFIELD FW_APP2_FW_A2_SNAME **}**" **}** to be appointed
as **{** IF **{** MERGEFIELD FW_APP2_FW_A2_SNAME **}** = "" "Deputy" "Deputies" **}** for **{** IF **{**
MERGEFIELD FW_INSTR_FW_APP_TYPE **}** = "Appointment of deputy for property and
affairs" "Property and Affairs" **{** IF **{** MERGEFIELD FW_INSTR_FW_APP_TYPE **}** =
"Appointment of deputy for personal welfare" "Personal Welfare" **} }** for the above named
person.

Please find enclosed forms COP15 and COP5 as It is believed that you are likely to have an
interest in being notified of this application. You have the opportunity to be joined as a party
to the proceedings if you wish to participate in the hearing.

I am unable to offer advice on this application, so you should contact the Court of Protection
or seek independent legal advice if you have any queries.

Yours sincerely

{ MERGEFIELD CALCULATION_FEE_EARNER_DESCRIPTION }
{ MERGEFIELD PRACTICEINFO_PRACTICE_NAME*UPPER }

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pp_expxx2x1s6rv4\\LocalState\\OspreyDocuments\\b26156fb-92b4-4be2-8fa0-
8654be1e070e\\footer.doc"**}**

Letter to App 1 – Application

approved

{INCLUDETEXT
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71791f3ad4ac\\header.doc"}

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, I'm please to confirm that the Court of Protection
has accepted the application for your appointment as Deputy for **{ IF { MERGEFIELD
FW_INSTR_FW_APP_TYPE } = "Appointment of deputy for property and affairs" "Property
and Affairs" { IF { MERGEFIELD FW_INSTR_FW_APP_TYPE } = "Appointment of deputy
for personal welfare" "Personal Welfare" } }** for **{ 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" }.**

I hereby enclose Office Copy Orders which will need to be sent to any institution to prove
that you have authority to act on **{ MERGEFIELD FW_PER_REL_FW_CLI1_TITLE } {
MERGEFIELD FW_PER_REL_FW_CLI1_SNAME }**'s behalf. You should ensure that you
ask for the document back. Extra copies of the court order can be obtained by writing to the
Court of Protection at a cost of £5 each. The Court Order stipulates what you can and
cannot do as a Deputy and now you have this, you can start acting on **{ MERGEFIELD
FW_PER_REL_FW_CLI1_TITLE } { MERGEFIELD FW_PER_REL_FW_CLI1_SNAME }**'s
behalf immediately.

As a Deputy you will need to keep records of all decisions and transactions made on behalf
of **{ MERGEFIELD FW_PER_REL_FW_CLI1_TITLE } { MERGEFIELD
FW_PER_REL_FW_CLI1_SNAME }**. You can claim expenses for things you must do to
carry out your role as Deputy, for example phone calls, postage and travel costs. You may
be asked to give a detailed report of what you have spent and you will have to pay the
money back if the Office of the Public Guardian finds your expenses are unreasonable. They
may ask the court to stop you being a deputy if they think you've been dishonest. You must

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pp_expxx2x1s6rv4\\LocalState\\OspreyDocuments\\fdd062ac-b719-4173-9b19-
71791f3ad4ac\\footer.doc"}

keep detailed records of the reasons for your decisions and why they were in the best interests of **{** MERGEFIELD FW_PER_REL_FW_CLI1_TITLE **}** **{** MERGEFIELD FW_PER_REL_FW_CLI1_SNAME **}**.

As a deputy, you will be supervised by the Office of the Public Guardian (OPG). They are authorised to contact you or visit you to check that you are being an effective Deputy. They can also give you advice and support. You are required to complete an Annual Return each year. This can be done online or by completing the relevant form, depending on the value of **{** MERGEFIELD FW_PER_REL_FW_CLI1_TITLE **}** **{** MERGEFIELD FW_PER_REL_FW_CLI1_SNAME **}**'s assets and the type of Deputyship.

You can find out more information on how to discharge your duties as Deputy on the COP website here **{** HYPERLINK "https://www.gov.uk/government/publications/deputy-guidance-how-to-carry-out-your-duties" **}**.

If you require any further assistance please do not hesitate to get in contact.

Yours sincerely

{ MERGEFIELD CALCULATION_FEE_EARNER_DESCRIPTION }
{ MERGEFIELD PRACTICEINFO_PRACTICE_NAME*UPPER }

Letter to App 1 enc Official Copy

Orders

{INCLUDETEXT
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ee4916f5f805\\header.doc"}

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, I'm please to confirm that I have now received the
Deputyship Order from the Court of Protection for your appointment as Deputy for **{** IF **{**
MERGEFIELD FW_INSTR_FW_APP_TYPE **}** = "Appointment of deputy for property and
affairs" "Property and Affairs" **{** IF **{** MERGEFIELD FW_INSTR_FW_APP_TYPE **}** =
"Appointment of deputy for personal welfare" "Personal Welfare" **}** **}** for **{** 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" **}**.

I hereby enclose the Office Copy Orders which will need to be sent to any institution to prove
that you have authority to act on **{** MERGEFIELD FW_PER_REL_FW_CLI1_TITLE **}** **{**
MERGEFIELD FW_PER_REL_FW_CLI1_SNAME **}**'s behalf. You should ensure that you
ask for the document back. Extra copies of the court order can be obtained by writing to the
Court of Protection at a cost of £5 each. The Court Order stipulates what you can and
cannot do as a Deputy and now you have this, you can start acting on **{** MERGEFIELD
FW_PER_REL_FW_CLI1_TITLE **}** **{** MERGEFIELD FW_PER_REL_FW_CLI1_SNAME **}**'s
behalf immediately.

As a Deputy you will need to keep records of all decisions and transactions made on behalf
of **{** MERGEFIELD FW_PER_REL_FW_CLI1_TITLE **}** **{** MERGEFIELD
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money back if the Office of the Public Guardian finds your expenses are unreasonable. They

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pp_expxx2x1s6rv4\\LocalState\\OspreyDocuments\\cce9891d-6e8e-4413-a769-
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may ask the court to stop you being a deputy if they think you've been dishonest. You must keep detailed records of the reasons for your decisions and why they were in the best interests of **{** MERGEFIELD FW_PER_REL_FW_CLI1_TITLE **}** **{** MERGEFIELD FW_PER_REL_FW_CLI1_SNAME **}**.

As a deputy, you will be supervised by the Office of the Public Guardian (OPG). They are authorised to contact you or visit you to check that you are being an effective Deputy. They can also give you advice and support. You are required to complete an Annual Return each year. This can be done online or by completing the relevant form, depending on the value of **{** MERGEFIELD FW_PER_REL_FW_CLI1_TITLE **}** **{** MERGEFIELD FW_PER_REL_FW_CLI1_SNAME **}**'s assets and the type of Deputyship.

You can find out more information on how to discharge your duties as Deputy on the COP website here **{** HYPERLINK "https://www.gov.uk/government/publications/deputy-guidance-how-to-carry-out-your-duties" **}**.

If you require any further assistance please do not hesitate to get in contact.

Yours sincerely

{ MERGEFIELD CALCULATION_FEE_EARNER_DESCRIPTION }
{ MERGEFIELD PRACTICEINFO_PRACTICE_NAME*UPPER }

Letter to App enc COP14 &

COP5 for serving

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 }**

Please find attached COP14 and COP5 for serving to **{** MERGEFIELD
FW_PER_REL_FW_CLI1_TITLE **} {** MERGEFIELD FW_PER_REL_FW_CLI1_FNAME **} {**
MERGEFIELD FW_PER_REL_FW_CLI1_SNAME **}** in person. This notice must be served
by **{** MERGEFIELD fssm_FW_DS_SAN_DEAD \@ "d MMMM yyyy"**}** and I would be
grateful if you could advise me once this has been done.

During your visit you must advice **{** MERGEFIELD "FW_PER_REL_FW_CLI1_TITLE" **} {**
MERGEFIELD "FW_PER_REL_FW_CLI1_SNAME" **}** of the details of the application as well
as giving **{** IF **{** MERGEFIELD FW_PER_REL_FW_CLI1_GENDER **}** = "Male" "him" "her" **}**
the aforementioned forms.

You must tell **{** IF **{** MERGEFIELD FW_PER_REL_FW_CLI1_GENDER **}** = "Male" "him"
"her" **}** that the application raises the question of whether **{** IF **{** MERGEFIELD
FW_PER_REL_FW_CLI1_GENDER **}** = "Male" "he" "she" **}** lacks capacity to make
decisions in relation to **{** IF **{** MERGEFIELD FW_PER_REL_FW_CLI1_GENDER **}** = "Male"
"his" "her" **} {** IF **{** MERGEFIELD FW_INSTR_FW_APP_TYPE **}** = "Appointment of deputy
for property and affairs" "property and affairs" **{** IF **{** MERGEFIELD
FW_INSTR_FW_APP_TYPE **}** = "Appointment of deputy for personal welfare" "personal
welfare" **}** **}** and what that means for **{** IF **{** MERGEFIELD
FW_PER_REL_FW_CLI1_GENDER **}** = "Male" "him" "her" **}**. You should also tell **{** IF **{**
MERGEFIELD FW_PER_REL_FW_CLI1_GENDER **}** = "Male" "him" "her" **}** who is applying
to be **{** IF **{** MERGEFIELD FW_PER_REL_FW_CLI1_GENDER **}** = "Male" "his" "her" **}**
deputy and that **{** IF **{** MERGEFIELD FW_PER_REL_FW_CLI1_GENDER **}** = "Male" "he"
"she" **}** should seek **{** IF **{** MERGEFIELD FW_PER_REL_FW_CLI1_GENDER **}** = "Male"

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pp_expxx2x1s6rv4\\LocalState\\OspreyDocuments\\a829add8-267a-43d1-8acf-
c4dc76616c53\\footer.doc"}

"his" "her" **}** own independent legal advice if **{** IF **{** MERGEFIELD FW_PER_REL_FW_CLI1_GENDER **}** = "Male" "he" "she" **}** wants to discuss the application.

If you have any queries, please do not hesitate to contact me.

Yours sincerely

{ MERGEFIELD CALCULATION_FEE_EARNER_DESCRIPTION }
{ MERGEFIELD PRACTICEINFO_PRACTICE_NAME*UPPER }

Letter to App enc COP14 Hearing

for serving

**{INCLUDETEXT
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App_expxx2x1s6rv4\\LocalState\\OspreyDocuments\\21c09acc-1329-4471-92b6-
49a7f42196e0\\header.doc"}**

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 }

Please find attached notification of hearing in form COP14 and COP5 for serving to **{
MERGEFIELD   FW_PER_REL_FW_CLI1_TITLE   }   {   MERGEFIELD
FW_PER_REL_FW_CLI1_FNAME } { MERGEFIELD FW_PER_REL_FW_CLI1_SNAME }**
in person. This notice must be served by **{ MERGEFIELD fssm_FW_DS_HN_DEAD \@ "d
MMMM yyyy"}** and I would be grateful if you could advise me once this has been done.

During your visit you must advice **{ MERGEFIELD "FW_PER_REL_FW_CLI1_TITLE" } {
MERGEFIELD "FW_PER_REL_FW_CLI1_SNAME" }** of the details of the hearing as well as
giving **{ IF { MERGEFIELD FW_PER_REL_FW_CLI1_GENDER } = "Male" "him" "her" }** the
aforementioned forms.

You should tell **{ IF { MERGEFIELD FW_PER_REL_FW_CLI1_GENDER } = "Male" "him"
"her" }** that **{ IF { MERGEFIELD FW_PER_REL_FW_CLI1_GENDER } = "Male" "he" "she" }**
should seek **{ IF { MERGEFIELD FW_PER_REL_FW_CLI1_GENDER } = "Male" "his" "her"
}** own independent legal advice if **{ IF { MERGEFIELD FW_PER_REL_FW_CLI1_GENDER
} = "Male" "he" "she" }** wants to discuss the application.

If you have any queries, please do not hesitate to contact me.

Yours sincerely

**{INCLUDETEXT
"C:\\Users\\neilb\\AppData\\Local\\Packages\\PraccticeLimited.OspreyApproachSupervisorA
pp_expxx2x1s6rv4\\LocalState\\OspreyDocuments\\21c09acc-1329-4471-92b6-
49a7f42196e0\\footer.doc"}**

{ MERGEFIELD CALCULATION_FEE_EARNER_DESCRIPTION }
{ MERGEFIELD PRACTICEINFO_PRACTICE_NAME*UPPER }

Letter to OPG Conf Security Bond

in Place

{INCLUDETEXT
"C:\\Users\\neilb\\AppData\\Local\\Packages\\PracticeLimited.OspreyApproachSupervisor
App_expxx2x1s6rv4\\LocalState\\OspreyDocuments\\d360748f-2522-4ba4-b5a4-
a267df0f4e46\\header.doc"**}**

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

Your Ref: **{** MERGEFIELD FW_OP_FW_COP_REF **}**

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

{ MERGEFIELD FW_OP_FW_COP_ORG_name **}**
{ MERGEFIELD FW_OP_FW_COP_ORG_address **}**

Dear Sirs,

Re: **Application for appointment of Deputy for { IF { MERGEFIELD
FW_INSTR_FW_APP_TYPE } = "Appointment of deputy for property and
affairs" "Property and Affairs" { IF { MERGEFIELD
FW_INSTR_FW_APP_TYPE } = "Appointment of deputy for personal
welfare" "Personal Welfare" } } For { MERGEFIELD
FW_PER_REL_FW_CLI1_TITLE } { MERGEFIELD
FW_PER_REL_FW_CLI1_FNAME } { MERGEFIELD
FW_PER_REL_FW_CLI1_MNAME } { MERGEFIELD
FW_PER_REL_FW_CLI1_SNAME }**

Further to our approved application **{** MERGEFIELD FW_OP_FW_COP_REF **}** we have now
put in place Security Bond as required. Find attached confirmation of cover.

We look forward to hearing from you in due course with the Court Order.

Yours Faithfully,

{ MERGEFIELD CALCULATION_FEE_EARNER_DESCRIPTION }
{ MERGEFIELD PRACTICEINFO_PRACTICE_NAME*UPPER }

{INCLUDETEXT
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a267df0f4e46\\footer.doc"**}**

Letter to OPG Enc Requested

Information

{INCLUDETEXT
"C:\\Users\\neilb\\AppData\\Local\\Packages\\PraccticeLimited.OspreyApproachSupervisor
App_expxx2x1s6rv4\\LocalState\\OspreyDocuments\\819e343b-b800-4e97-a86a-
a233f38de40d\\header.doc"**}**

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

Your Ref: **{** MERGEFIELD FW_OP_FW_COP_REF **}**

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

{ MERGEFIELD FW_OP_FW_COP_ORG_name **}**
{ MERGEFIELD FW_OP_FW_COP_ORG_address **}**

Dear Sirs,

Re: Application for appointment of Deputy for { IF { MERGEFIELD
FW_INSTR_FW_APP_TYPE } = "Appointment of deputy for property and
affairs" "Property and Affairs" { IF { MERGEFIELD
FW_INSTR_FW_APP_TYPE } = "Appointment of deputy for personal
welfare" "Personal Welfare" } } For { MERGEFIELD
FW_PER_REL_FW_CLI1_TITLE } { MERGEFIELD
FW_PER_REL_FW_CLI1_FNAME } { MERGEFIELD
FW_PER_REL_FW_CLI1_MNAME } { MERGEFIELD
FW_PER_REL_FW_CLI1_SNAME }

Further to our submitted application reference **{** MERGEFIELD FW_OP_FW_COP_REF **}**,
we respond to your request for additional information as follows:

We look forward to hearing from you in due course.

Yours Faithfully,

{ MERGEFIELD CALCULATION_FEE_EARNER_DESCRIPTION }
{ MERGEFIELD PRACTICEINFO_PRACTICE_NAME*UPPER }

{INCLUDETEXT
"C:\\Users\\neilb\\AppData\\Local\\Packages\\PraccticeLimited.OspreyApproachSupervisorA
pp_expxx2x1s6rv4\\LocalState\\OspreyDocuments\\819e343b-b800-4e97-a86a-
a233f38de40d\\footer.doc"**}**

Letter to OPG enclosing

Application

{INCLUDETEXT
"C:\\Users\\neilb\\AppData\\Local\\Packages\\PraccticeLimited.OspreyApproachSupervisor
App_expxx2x1s6rv4\\LocalState\\OspreyDocuments\\06e62dce-2898-40ee-abdf-
e370f9fae4f7\\header.doc"**}**

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

Your Ref: **{** MERGEFIELD FW_OP_FW_COP_REF **}**

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

{ MERGEFIELD FW_OP_FW_COP_ORG_name **}**
{ MERGEFIELD FW_OP_FW_COP_ORG_address **}**

Dear Sirs,

Re: **Application for appointment of Deputy for { IF { MERGEFIELD**
FW_INSTR_FW_APP_TYPE } = "Appointment of deputy for property and
affairs" "Property and Affairs" { IF { MERGEFIELD
FW_INSTR_FW_APP_TYPE } = "Appointment of deputy for personal
welfare" "Personal Welfare" } } For { MERGEFIELD
FW_PER_REL_FW_CLI1_TITLE } { MERGEFIELD
FW_PER_REL_FW_CLI1_FNAME } { MERGEFIELD
FW_PER_REL_FW_CLI1_MNAME } { MERGEFIELD
FW_PER_REL_FW_CLI1_SNAME }

Please find attached application forms for the appointment of Deputy for **{** IF **{**
MERGEFIELD FW_INSTR_FW_APP_TYPE **}** = "Appointment of deputy for property and
affairs" "Property and Affairs" **{** IF **{** MERGEFIELD FW_INSTR_FW_APP_TYPE **}** =
"Appointment of deputy for personal welfare" "Personal Welfare" **} }** for the above named
person.

We also duly enclose a cheque in the sum of £365 for the application.

We look forward to hearing from you in due course.

Yours Faithfully,

{ MERGEFIELD CALCULATION_FEE_EARNER_DESCRIPTION }
{ MERGEFIELD PRACTICEINFO_PRACTICE_NAME*UPPER }

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pp_expxx2x1s6rv4\\LocalState\\OspreyDocuments\\06e62dce-2898-40ee-abdf-
e370f9fae4f7\\footer.doc"**}**

Letter to subject informing of

hearing

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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_PER_REL_FW_CLI1_TITLE" } { MERGEFIELD
"FW_PER_REL_FW_CLI1_INITIAL" } { MERGEFIELD "FW_PER_REL_FW_CLI1_SNAME"
}
{ MERGEFIELD CALCULATION_ADDRESS }

Dear { MERGEFIELD "FW_PER_REL_FW_CLI1_TITLE" } { MERGEFIELD
"FW_PER_REL_FW_CLI1_SNAME" },

Re: { MERGEFIELD MATTER_MATTER_DESCRIPTION }

As you will be aware an application has been made to the Court of Protection for {
MERGEFIELD   FW_APP1_FW_A1_TITLE   \f"   "   }{   MERGEFIELD
FW_APP1_FW_A1_FNAME \f" " }{ MERGEFIELD FW_APP1_FW_A1_MNAME \f" " }{
MERGEFIELD   FW_APP1_FW_A1_SNAME   }{   if   {   MERGEFIELD
FW_APP2_FW_A2_SNAME } <> "" " and { MERGEFIELD FW_APP2_FW_A2_TITLE \f" " }{
MERGEFIELD   FW_APP2_FW_A2_FNAME   \f"   "   }{   MERGEFIELD
FW_APP2_FW_A2_MNAME \f" " }{ MERGEFIELD FW_APP2_FW_A2_SNAME }" } to be
appointed as your { IF { MERGEFIELD FW_APP2_FW_A2_SNAME } <> "" "Deputies"
"Deputy" } for { IF { MERGEFIELD FW_INSTR_FW_APP_TYPE } = "Appointment of deputy
for property and affairs" "Property and Affairs" { IF { MERGEFIELD
FW_INSTR_FW_APP_TYPE } = "Appointment of deputy for personal welfare" "Personal
Welfare" } }.

We have now heard from the Court of Protection and they have deemed that a hearing is
necessary. The hearing has been set for [ ] at { FORMTEXT } at { FORMTEXT }.

I enclose form COP14 for your information.

I am unable to offer advice on this application, so you should contact the Court of Protection
or seek independent legal advice if you have any queries.

Yours sincerely,

{ MERGEFIELD CALCULATION_FEE_EARNER_DESCRIPTION }
{ MERGEFIELD PRACTICEINFO_PRACTICE_NAME*UPPER }

{INCLUDETEXT
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80b23c7114d2\\footer.doc"}

Send COP3 to Capacity

Assessor/Doctor

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

Your Ref: **{** MERGEFIELD FW_OP_FW_CA_REF **}**

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

{ MERGEFIELD FW_OP_FW_CA_CON_title **}** **{** MERGEFIELD FW_OP_FW_CA_CON_initials **}** **{** MERGEFIELD FW_OP_FW_CA_CON_surname **}**
{ MERGEFIELD FW_OP_FW_CA_ORG_name **}**
{ MERGEFIELD FW_OP_FW_CA_ORG_address **}**

Dear Sirs,

Re: **{ MERGEFIELD MATTER_MATTER_DESCRIPTION }**

We are instructed on behalf of **{** MERGEFIELD FW_APP1_FW_A1_TITLE \f" " **}{** MERGEFIELD FW_APP1_FW_A1_FNAME \f" " **}{** MERGEFIELD FW_APP1_FW_A1_MNAME \f" " **}{** MERGEFIELD FW_APP1_FW_A1_SNAME **}{** if **{** MERGEFIELD FW_APP2_FW_A2_SNAME **}** <> "" " and **{** MERGEFIELD FW_APP2_FW_A2_TITLE \f" " **}{** MERGEFIELD FW_APP2_FW_A2_FNAME \f" " **}{** MERGEFIELD FW_APP2_FW_A2_MNAME \f" " **}{** MERGEFIELD FW_APP2_FW_A2_SNAME **}**" **}** to prepare an application to the Court of Protection for **{** IF **{** MERGEFIELD FW_APP2_FW_A2_SNAME **}** <>"" "their" **{** IF **{** MERGEFIELD FW_APP1_FW_A1_GENDER **}** = "Male" "his" "her" **}** **}** appointment of as the **{** IF **{** MERGEFIELD FW_APP2_FW_A2_SNAME **}** = "" "Deputy" "Deputies" **}** for **{** IF **{** MERGEFIELD FW_INSTR_FW_APP_TYPE **}** = "Appointment of deputy for property and affairs" "Property and Affairs" **{** IF **{** MERGEFIELD FW_INSTR_FW_APP_TYPE **}** = "Appointment of deputy for personal welfare" "Personal Welfare" **}** **}** of **{** MERGEFIELD FW_PER_REL_FW_CLI1_TITLE **}** **{** MERGEFIELD FW_PER_REL_FW_CLI1_FNAME \f" " **}{** MERGEFIELD FW_PER_REL_FW_CLI1_MNAME **}** **{** MERGEFIELD FW_PER_REL_FW_CLI1_SNAME **}** so that **{** IF **{** MERGEFIELD FW_APP2_FW_A2_SNAME **}** <>"" "they" **{** IF **{** MERGEFIELD FW_APP1_FW_A1_GENDER **}** = "Male" "he" "she" **}** **}** can make decisions on behalf of **{** MERGEFIELD FW_PER_REL_FW_CLI1_TITLE **}** **{** MERGEFIELD FW_PER_REL_FW_CLI1_SNAME **}** on the grounds that **{** IF **{** MERGEFIELD FW_PER_REL_FW_CLI1_GENDER **}** = "Male" "he" "she"**}** lack capacity to make those decisions and we understand that **{** MERGEFIELD FW_PER_REL_FW_CLI1_TITLE **}** **{** MERGEFIELD FW_PER_REL_FW_CLI1_SNAME **}** is your patient.

An application to the Court of Protection is required to be supported by evidence as to capacity by Form COP3 which is enclosed for your completion.

Under the provisions of the Mental Capacity Act 2005 a person is deemed to have capacity unless it can be proved otherwise. Capacity is not a global concept but one that is geared to the specific decision to be made. Thus it is conceivable that a person may have capacity to

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e5d3462ef6fc\\footer.doc"**}**

make a specific decision but not another. In those circumstances it is necessary to establish the following factors:

1. what decisions have to be made
2. does the patient lack the ability to make those decisions

The form has two parts, A and B. Part A is for completion by our client and you will see that it has been partially completed. This will give you some idea about the basis of the application and the decisions that need to be made on your patient's behalf. As you will see the application asks for specific information as to the decisions that have to be made. In this instance we do not believe that your patient has capacity to deal with any matters relating to their property and affairs. We do not believe that **{** IF **{** MERGEFIELD FW_PER_REL_FW_CLI1_GENDER **}** = "Male" "he" "she" **}** has the capacity to deal with a wide ranging set of circumstances such as managing a bank account and paying bills. We have considered whether your patient could deal with such matters if **{** IF **{** MERGEFIELD FW_PER_REL_FW_CLI1_GENDER **}** = "Male" "he" "she" **}** had assistance of a general nature but do not believe that this would be of any help.

Having regard to the decisions to be made in accordance with Part A we would be obliged if you could confirm that your patient lacks capacity to make those decisions due to 'an impairment of, or a disturbance in the functioning of, the mind or brain'. This is part of the legal test of capacity and if you refer to Note 4 of the Form you will see that this is set out in more detail. If you require clarification on any of these points please contact us.

Turning to Part B we hope that the contents are self explanatory but it may be helpful if we expand on some elements of the form as follows:

- Section 7.1 requires you to provide a specific medical diagnosis/condition. Note 4 expands on the completion of this section. However, you are also required to be specific in regard to the decisions that the patient is unable to make and you might find it helpful to refer back to sections 3 and 4 of Part A.
- Section 7.2 deals with those matters that are set out in the Mental Capacity Act for making a decision and should be read in conjunction with Note 5.
- Section 7.3 requires a clear statement of the evidence that leads you to a conclusion that the patient has a lack of capacity. This may be revealed by the results of test scores or other methodology that you may use.
- Section 7.5 reiterates the point that a person, irrespective of their lack of capacity, may have views on the decision(s) in question and those views can be taken into consideration when determining what is in their best interests, depending on whether they can be communicated.
- When determining a person's best interests it is important to consider whether they may regain capacity in respect of the decision(s) to be made and section 7.6 requires your opinion on this.

We appreciate that you may feel that you are unable to deal with the form yourself and should that be the case we would be obliged if you could notify us as soon as possible. We are quite happy for you to pass the matter on to a colleague of your choice should you feel that is appropriate.

As you will be aware there is no prescribed fee for the completion of the form and it would be helpful if you could contact us to discuss your reasonable fee before dealing with the form.

If there is likely to be a delay in dealing with this matter it would be helpful if you could let us know as the application to the Court of Protection cannot be made without form COP3.

Yours Faithfully,

{ MERGEFIELD CALCULATION_FEE_EARNER_DESCRIPTION }
{ MERGEFIELD PRACTICEINFO_PRACTICE_NAME*UPPER }

Send COP4 for comp and sig to

App 1

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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 }

Send COP4 for comp and sig to

App 2

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

Your Ref:

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

{ MERGEFIELD FW_APP2_FW_A2_TITLE **} {** MERGEFIELD FW_APP2_FW_A2_INITIAL **}**
{ MERGEFIELD FW_APP2_FW_A2_SNAME**}**
{ 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" "**}**

Dear **{** MERGEFIELD FW_APP2_FW_A2_TITLE **} {** MERGEFIELD
FW_APP2_FW_A2_SNAME **}**

Re: { MERGEFIELD MATTER_MATTER_DESCRIPTION }

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Yours sincerely

{ MERGEFIELD CALCULATION_FEE_EARNER_DESCRIPTION }

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{ MERGEFIELD PRACTICEINFO_PRACTICE_NAME*UPPER }