[Your Name]

[Your Address]

[City, Postal Code]

[Date]

[GP's Name]

[GP Practice Name]

[GP Practice Address]

[City, Postal Code]

Subject: Request for Capacity Assessment for Court of Protection Application

Dear Dr. [GP's Last Name],

I am writing to request a capacity assessment for my [family member's relationship], [family member's full name], who is under your care. The purpose of this assessment is to support our application to the Court of Protection, ensuring the best possible care and protection for [family member's first name].

We are currently in the process of completing the Court of Protection application to access [family member's first name]'s Child Trust Fund. As you may be aware, the Court of Protection requires a capacity assessment to determine [family member's first name]'s ability to make decisions regarding financial matters.

We have included a guide to completing the capacity assessment for convenience.

Qualia Law Community Interest Company is supporting us with our application free of charge. Therefore, may we respectfully ask if you could waive any fees for completing the assessment?

We sincerely appreciate your attention to this matter and your support in ensuring the well-being and protection of [family member's first name]. If you require any additional information or have any questions, please contact us on [Your Phone Number] or [Your Email Address].

Thank you for your time and consideration.

Yours sincerely,

[Your Name]