### COP14PADep

# Notification form and Acknowledgment of notification – from the person to whom the application relates

This notice is to tell you that an application is going to be made to the Court of Protection regarding the management of your property and affairs.

You are being asked to say whether you agree or disagree with the order which is going to be applied for regarding your property and affairs as set out in **question 3.1** of this form.

The applicant or their agent must personally notify you of the application in a manner appropriate to your circumstances and must inform you of the application details noted on this form. They should explain that the application raises the question of whether you lack capacity, and what that means for you if the court makes the order which is going to be requested.

1. Details about the person who lacks, or is alleged to lack, capacity

(Applicant to complete this section)

**1.1** The details of the person to whom the application relates

(This is the person who lacks, or is alleged to lack, capacity.)

Name of the person to whom the application which is going to be made relates

First name(s)

Last name

Date of birth of the person to whom the application which is going to be made relates

| Day | Month | Year |  |        |
|-----|-------|------|--|--------|
|     |       |      |  |        |
|     |       |      |  | Page 1 |

Address

Building and street

Second line of address

Town or city

County (optional)

Postcode



Phone number

Email (if you have one)

Date notified

| Day |  |  |
|-----|--|--|
|     |  |  |

Month

| Year |  |
|------|--|
|      |  |

### 2. Details about the applicant

**2.1** Name and address of applicant

First name(s)

Last name

Address

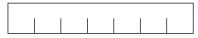
Building and street

Second line of address

Town or city

County (optional)

Postcode



Phone number

Email (if you have one)

## **3.** The order the court will be asked to make (Applicant to complete this section)

**3.1** The court is going to be asked to make the order to appoint

**3.1** You can read more about the responsibilities of a deputy here: <u>www.gov.uk/become-</u> <u>deputy/responsibilities</u>

to be **your** deputy/ies, to manage and administer **your** finances and property.

**3.2** Is there any other order which is going to be asked for?

Yes, the court will also be asked to make the following order

No

### 4. Notification by an applicant, a person or agent

**4.1** Who are you:

Agent. Complete this section.

Applicant –

\_\_\_\_\_\_ if returning this form by post **complete this section** 

if returning this from via the digital platform **do not complete this section** 

The agent who personally notifies the person who might lack capacity must complete this section and return all pages of this form to the applicant (as named in Section 2) within 14 days of receipt.

Notification of the person who might lack capacity must happen in a manner appropriate to their circumstances. The information on this form should be explained and include:

- Who the applicant is
- That the application raises the question of whether P lacks capacity and what that means
- What will happen if the court makes the order that is being applied for
- Details of the person it is proposed should be appointed to make decisions on behalf of P, in relation to their property and affairs

### Details of the person or agent notifying the person who lacks, or is alleged to lack, capacity

**4.2** Name and address of the person or agent notifying P (if that person is different to the applicant)

First name(s)

Last name

Address

Building and street

Second line of address

Town or city

County (optional)

Postcode

Phone number

Email (if they have one)

**4.3** What is their connection to the person who might lack mental capacity?

**4.4** What steps were taken to explain the application to the person who might lack mental capacity?

**4.5** To what extent did the person who might lack mental capacity appear to understand the information given?

**4.6** How did the person who might lack mental capacity respond when the application was explained to them?

**4.7** If the person who might lack capacity has expressed their wishes and feelings regarding the application, please record them here:

| 4.8 | Signature | of applicant, | person | or agent |
|-----|-----------|---------------|--------|----------|
|-----|-----------|---------------|--------|----------|

| (typed | signature | is | sufficient) |
|--------|-----------|----|-------------|
| lipcu  | Signature | 13 | Jumerenty   |

| Name        |       |      |  |
|-------------|-------|------|--|
| Date<br>Day | Month | Year |  |

If you need any further information, details about the court can be found here: <a href="https://www.gov.uk/courts-tribunals/court-of-protection">www.gov.uk/courts-tribunals/court-of-protection</a>

### 5. Acknowledgment

(Person notified to complete this section)

You may complete this section of the form to tell the court of your wishes and feelings regarding the application which is going to be made.

If you choose to complete this section, please give all pages of this form back to the person giving you notice within 14 days.

The applicant is obliged to pass your response to the court upon making the application.

After 14 days the court will assume your agreement to the order being made.

The order being requested is about **you** the person being notified.

5.1 Do you agree with the order which is going to be asked for?

**Yes, I agree** with the order which is going to be asked for

**No, I disagree** with the order which is going to be asked for

**5.2** If you have any wishes or feelings regarding the application which is going to be made, or anything you would like the court to consider please state it here

### Statement of truth

I understand that proceedings for contempt of court may be brought against a person who makes, or causes to be made, a false statement in a document verified by a statement of truth without an honest belief in its truth.

I **believe** that the facts stated in this form and any continuation sheets are true.

**The applicant** believes that the facts stated in this form and any continuation sheets are true. **I am authorised** by the applicant to sign this statement.

### Signature

\_\_\_\_ Applicant

Litigation friend (where applicant is a child or a protected party)

Applicant's legal representative

#### Date

Day Month Year

Full name

Name of legal representative's firm

If signing on behalf of firm or company give position or office held

If you disagree with the application or the order which will be sought, you may, in addition to sending this form back to the person who personally notified you, send a copy of it to the court preferably by emailing it to <u>COP\_EAPPS@justice.gov.uk</u> or by post

You may seek legal advice and assistance in relation to the application which is going to be made.

If you need any further information, details about the court can be found here: <u>www.gov.uk/courts-tribunals/court-of-protection</u>