**Capacity and Self-Determination (Jersey) Law 2016**

**Person lacking capacity - Application for Court Order**

**Property or Financial decision**

|  |
| --- |
| **Important**  **You should complete this form if you want to apply to the Court for a decision on a property or financial matter of a person who lacks capacity to make their own decision.**  **You should not use this form if you want to apply for the appointment of a delegate (please use Form DPA01).**  **Your completed form with all supporting documentation must be provided to the Judicial Greffe.**  **If you have any questions as to the purpose of this form, or require additional guidance in completing it, please contact the Judicial Greffe on 441360.** |

**Section 1 – The person to whom this application relates**

1.1 Please provide the details of the person to whom the application for the Court Order relates. (This is the person who lacks, or is alleged to lack, capacity).

|  |  |
| --- | --- |
| Title |  |
| First name |  |
| Middle name(s) |  |
| Last name |  |
| Maiden name  (if applicable) |  |
| Former name  (if applicable) |  |
| Wife / widow of  (if applicable) |  |
| Residential address  (including postcode) (*e.g. home or residential care home address)* |  |
| Telephone number |  |
| Date of birth |  |
| Gender |  |

* 1. Does the person to whom the application relates have a lasting power of attorney in place? (see note 1) (Please X a box)

Yes  No  I don’t know

If yes, please give the LPA reference number (if known), the names of the attorney/s and explain why a Court Order is being sought.

|  |
| --- |
|  |

* 1. Does the person to whom this application relates have an Independent Capacity Advocate? (see note 2)

Yes  No If Yes, please give their name below.

|  |
| --- |
|  |

**SECTION 2 – THE APPLICANT(S)**

2.1 Please provide details of the person(s) making the application (see note 3).

**Applicant 1**

|  |  |
| --- | --- |
| Title |  |
| First name |  |
| Middle name(s) |  |
| Last name |  |
| Address  (including postcode) |  |
| Telephone number |  |
| Email address |  |

In what capacity are you making the application? (Please X a box)

|  |  |
| --- | --- |
|  | I am the proposed delegate |
|  | I am the person to whom this application relates |
|  | I am an Attorney for the person to whom this application relates under a current Lasting Power of Attorney |
|  | Other (give details) |

|  |
| --- |
| What is your relationship to the person to whom this application relates (eg mother, father, brother, friend)? |

**Applicant 2 (if applicable)**

|  |  |
| --- | --- |
| Title |  |
| First name |  |
| Middle name(s) |  |
| Last name |  |
| Address  (including postcode) |  |
| Telephone number |  |
| Email address |  |

In what capacity are you making the application? (Please X a box)

|  |  |
| --- | --- |
|  | I am the proposed delegate |
|  | I am the person to whom this application relates |
|  | I am an Attorney for the person to whom this application relates under a current Lasting Power of Attorney |
|  | Other (give details) |

|  |
| --- |
| What is your relationship to the person to whom this application relates (eg mother, father, brother, friend)? |

**NOTE: If more than two applicants, please continue on a separate sheet**

**Section 3 – interested parties to the matter/decision**

3.1 Please give details of all close family of the person to whom this application relates and any interested parties:

|  |  |
| --- | --- |
| Full name | Relationship to the Person to whom this application relates (e.g. son, daughter, brother, sister) |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

3.2 Are the individuals named above aware of this application?

Yes  No (Please X a box)

If No, explain why they are not aware of this application.

|  |
| --- |
|  |

**Section 4 - The COURT ORDER - DECISION**

4.1 Please give full details of the matter and the decision you are asking the Court to make. (See note 4)

|  |
| --- |
|  |

Please continue on a separate sheet if necessary.

4.2 How would the Order benefit the person for whom this application relates?

|  |
| --- |
|  |

**Section 5 – Permission** (see note 5)

Are you seeking permission to make an application for a Court order?

Yes  No (Please X a box)

**SECTION 6 – REMUNERATION**

6.1 Are you seeking the Court’s permission to charge fees for acting as delegate?

Yes  No If No, proceed to Section 4.

6.2 If Yes, please estimate the fees you expect to charge for work related to this decision.

|  |  |  |  |
| --- | --- | --- | --- |
| £ |  | . |  |

**SECTION 7 – DECLARATION**

I confirm that to the best of my knowledge and ability the information contained herein is true and complete in all respects. I understand that if I knowingly provide false or misleading information there may be legal consequences.

|  |
| --- |
| **Signatures** |

|  |  |
| --- | --- |
| **Applicant** | |
| **Signed** |  |
| **Print name** |  |
| **Date** |  |

|  |  |
| --- | --- |
| **Second applicant** *(if applicable)* | |
| **Signed** |  |
| **Print name** |  |
| **Date** |  |

**If there are more than two applicants, the additional applicants should sign below.**

|  |
| --- |
| **Guidance notes** |

|  |  |
| --- | --- |
| **Note 1** | A lasting power of attorney (“LPA”) is a legal document that lets a person (the ‘donor’) appoint one or more people (known as ‘attorneys’) to help make decisions or to make decisions on the donor’s behalf.  The Court may not wish to make a decision which is inconsistent with a decision made by an attorney acting under the authority of an LPA. As such, it is important for the Court to understand whether the person to whom the application relates has made an LPA and what the terms of that LPA are. |
| **Note 2** | An independent Capacity Advocate (ICA) is someone who provides support and representation for a person who lacks capacity to make specific decisions, where the person has no-one else to support them. |
| **Note 3** | An application for a court order may be made by more than one person, for example if you and another family member are applying for a decision to be made for a third family member, such as your mother or father. If you are intending to make an application jointly with another person, you should coordinate the submission of the required information and completion of this form with them. |
| **Note 4** | The Court has the power to make all orders, give directions or request additional reports or evidence. You should provide as much information as possible in that regard in Sections 4.1 and 4.2 of this form. Please provide any supplementary documentation or information if you think it would be helpful. |
| **Note 5** | In many cases, it is expected that the applicant for a court order will be a relative of the person to whom the application relates, or will be an official person such as the Attorney General or some other authorized person such as an attorney under a lasting power of attorney. The Law automatically enables such persons to make an application for a court order without further permission being required from the Court.  In some cases, however, permission of the Court may be required in order to make an application for a court order. Typically this will be required in cases where the applicant is not a relative of the person to whom the application relates or a person acting in an official or authorized capacity. For example, if the applicant is simply a friend or associate of the person to whom the application relates, that applicant will be required to obtain permission from the Court to make an application for a court order. In such cases, the applicant will need to explain to the Court, among other things, the applicant’s connection to the person to whom the application relates and reasons for the application. |