

DEPUTYSHIP QUESTIONNAIRE & DATA CAPTURE FORM

Please complete the form (particularly sections 1, 2 and 7) below and return this to the Lawyer you are dealing with. The information you provide will be uploaded to our electronic data base. You will **not** be sent marketing information and your data will **not** be sold to a third party. In due course you will be provided with our full Privacy Policy. However, if you wish to see this now, please speak to your Lawyer.

The information you provide will help us to make an initial assessment of your needs and enable us to give you the best advice in light of your circumstances. It may be necessary to have a meeting to discuss the details.

It may be helpful to read the “Deputyship” information leaflet before you complete this form.

URGENCY – Is there any urgency to have an interim order/directions?

Yes (if yes please provide details here)

No

1. ABOUT THE PERSON TO WHOM THE APPLICATION RELATES:

The full name of the person to whom this application relates	Date of birth of the person to whom this relates	
	Telephone number of the person to whom this relates	
	National insurance number of the person to whom this relates	
Current full address of the person to whom this relates (including postcode)	What type of accommodation is this?	Own home <input type="checkbox"/> Rented <input type="checkbox"/> Care home <input type="checkbox"/> Date moved: Is this temporary <input type="checkbox"/> or permanent <input type="checkbox"/>
Is the person to whom this relates:	Married/civil partnership <input type="checkbox"/> Date of marriage/civil partnership: Divorced or civil partnership dissolved <input type="checkbox"/> Date of divorce/dissolution: Widowed or a surviving civil partner <input type="checkbox"/> Date of death of spouse/civil partner: In a relationship with a person who is not a spouse or civil partner, but living together as if they were <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/>	Who visits the person to whom this relates and how often

2. ABOUT THE DEPUTY(IES):

	Deputy 1	Deputy 2 (if applicable – if more than 2 deputies to be appointed please request another copy of this form so that each deputy completes a column)
Full name (include titles, middle names and any alternative names or aliases that should be recited)		
Full address (including postcode)		
Can we write to this address?	<input type="checkbox"/> Yes <input type="checkbox"/> No, use email below	<input type="checkbox"/> Yes <input type="checkbox"/> No, use email below
Contact Telephone		
Contact Email		
Occupation		
Date of Birth		
Relationship to the person to whom this relates		
Nationality		
Marital Status (circle as appropriate)	single / married / civil partnership / cohabiting / widowed or widower / divorced / dissolved civil partnership / separated / contemplating marriage / contemplating civil partnership	single / married / civil partnership / cohabiting / widowed or widower / divorced / dissolved civil partnership / separated / contemplating marriage / contemplating civil partnership

3. THE APPLICATION

If there is more than one of you seeking appointment would you like this appointment to be jointly or jointly and severally? Jointly means that all decisions will need to be made together; jointly and severally means that decisions can be made either together or on your own.		Jointly <input type="checkbox"/> Jointly and Severally <input type="checkbox"/>
What type of application will you be making?	Property and affairs <input type="checkbox"/> Personal welfare <input type="checkbox"/> Appointment or discharge of trustees <input type="checkbox"/> Statutory Will/codicil/gift(s)/deed of variation or settlement of property <input type="checkbox"/> An existing deputy order or a registered enduring or lasting power of attorney <input type="checkbox"/> Operation and validity of an enduring power of attorney or lasting power of attorney <input type="checkbox"/>	
Does the person whom this application relates have an enduring or lasting power of attorney?	Yes <input type="checkbox"/> If yes, date made: / / and date registered: / / (please provide a copy) No <input type="checkbox"/> Don't know <input type="checkbox"/>	
Does the person whom this application relates have a Will?	Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> (please provide a copy)	

4. PERSONS TO BE INFORMED AND NOTIFIED OF THIS APPLICATION

You will be asked to provide details of persons who you reasonably believe has an interest in this application; these could be other close relatives. They will be known as Respondents.

	Respondent 1	Respondent 2	Respondent 3
Full name (including titles, middle names)			
Address (including post code)			
Relationship (to whom the application relates)			

You will also be asked to provide details of at least three people who are likely to have an interest in being notified about the application. If you have not already named the following close family members as Respondents (above), 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 civil partner but who has been living with the person 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

	Person 1	Person 2	Person 3
Full name (including titles, middle names)			
Address (including post code)			
Relationship (to whom the application relates)			

5. PROPERTY AND FINANCES

If you are applying for deputyship for property and finance please complete this section.

Please note that we will require details of all income sources and amounts, of the person to whom the application relates, including details of any interest in a deceased's estate, details and balances of all bank accounts and investments, and personal possessions which are of value.

We will also require details of any other land or property whether owned/co-owned (with co-owners details), , details of any businesses or business interests.

In terms of liabilities we will require details of an debts or money owed, if the person is in a care home details of the costs on a monthly basis, if the person is at home details of any care cost.

Please also provide any other details relating to the financial position which you feel may be relevant.

This information can be provided in due course, but the below form may assist in terms of income.

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

6. FOR PERSONAL WELFARE APPLICATIONS

If you are applying for deputyship for personal welfare please complete this section.

Please confirm what type of application this relates to:	Serious medical treatment <input type="checkbox"/> Health care or medical treatment <input type="checkbox"/> Residence <input type="checkbox"/> Contact <input type="checkbox"/> Prohibited contact order <input type="checkbox"/> Appointment of deputy for personal welfare <input type="checkbox"/> Other <input type="checkbox"/>
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?	Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes please give name and contact details of the Local Authority:

7. CONFIRMATION

Where did you hear of us? <input type="checkbox"/> branch drop-in <input type="checkbox"/> bus <input type="checkbox"/> CAB <input type="checkbox"/> internet <input type="checkbox"/> leaflet <input type="checkbox"/> newspaper/magazine <input type="checkbox"/> recommendation/referral <input type="checkbox"/> other <input type="checkbox"/> passing by <input type="checkbox"/> radio <input type="checkbox"/> sponsorship

I consent to the data provided above being stored by K J Smith Solicitors for the purposes of providing legal advice and assistance.

Signed: **Dated:**
Deputy 1

Signed: **Dated:**
Deputy 2 (if applicable – any additional deputies to sign on a separate paper)

Thank you for taking the time to complete this form. Please return it to our team by email to ep&wm@kjsmith.co.uk

Our team will contact you with the next steps but if you have any questions do not hesitate to contact them on 0118-418-1000.