

LASTING POWER OF ATTORNEY (SINGLE) QUESTIONNAIRE & DATA CAPTURE FORM

Please complete the form below as best you can 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 “Lasting Power of Attorney – Why Make an LPA?” 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. THE TYPE(S) OF LASTING POWER OF ATTORNEY

Health and Welfare will allow your attorney to act on your behalf when making decisions on a range of issues such as your daily routine, medical care, moving you into a care home and whether you should receive life-sustaining treatment. This type of LPA can only be used if you lose the mental capacity to make the decision(s) for yourself.

Property and Financial Affairs will allow your attorney to act on your behalf when making decisions such as managing your bank/building society accounts, paying bills, collecting benefits on your behalf and selling your home.

NB: both LPA’s can only be used by your attorney(s) once it/they have been registered with the Office of the Public Guardian.

Which type(s) of LPA would you like us to prepare?	<input type="checkbox"/> Health and Welfare <input type="checkbox"/> Property and Financial Affairs <input type="checkbox"/> Both
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2. ABOUT YOU (THE DONOR)

As you will be appointing other people to make decisions on your behalf, you are described as the Donor. You must be 18 years or over and have the necessary mental capacity to be able to make this decision. If you are bankrupt or subject to a Debt Relief Order, your attorney(s) will have limited powers in relation to your property and finances.

Your full name (include middle names courtesy titles and any alternative names or aliases that should be recited)	Your date of birth		
	Your telephone number		
	Your email address		
Your full address (including post code)	<input type="checkbox"/> Yes <input type="checkbox"/> No, use email	Do you have a Will?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Can we write to you here?		If you do not have a Will would you like to talk to us about making a Will?	<input type="checkbox"/> Yes <input type="checkbox"/> No

3. YOUR ATTORNEY(S)

These are the people you are asking to make decisions for you. Your attorney(s) do not need special legal knowledge or training. These must be people you trust to make decisions for you when you are unable to make them yourself.

You will need at least one attorney, but we recommend that you have at least two. Each attorney must be 18 years or over and have the necessary mental capacity to act as an attorney. You cannot appoint someone as an attorney for your Property and Financial Affairs if they are bankrupt or subject to a Debt Relief Order (but they could still act as attorney for your Health and Welfare decisions).

	Attorney 1	Attorney 2
Full name <i>(include titles, middle names and any alternative names or aliases that should be recited)</i>		
Full address <i>(including postcode)</i>		
Date of birth		
Contact Telephone		
Contact Email		
Relationship to you		

4. REPLACEMENT ATTORNEY(S)

You do not have to appoint a replacement attorney(s) but it can help if you do appoint a replacement attorney in case your original attorneys have stopped acting for you. Each attorney must be 18 years or over and have the necessary mental capacity to act as an attorney. You cannot appoint someone as an attorney for your Property and Financial Affairs if they are bankrupt or subject to a Debt Relief Order (but they could still act as attorney for your Health and Welfare decisions)

	Replacement Attorney 1	Replacement Attorney 2 <i>(if applicable)</i>
Full name <i>(include titles, middle names and any alternative names or aliases that should be recited)</i>		
Full address <i>(including postcode)</i>		
Contact Telephone		
Contact Email		
Relationship to you		

5. HOW SHOULD YOUR ATTORNEYS ACT

You will need to choose how your attorneys (if you are appointing more than one) are going to make decisions on your behalf.

Jointly and severally means your attorneys can make decisions either independently or together. Most people select this option as it is the most useful from a practical point of view. Attorneys can get together to make important decisions if they wish, but this also allows one of your attorneys to make urgent or simple decisions alone. For example, if one of your attorneys is out of the country and a decision needs to be made the other will be able to make this decision. It also means that if one of the attorneys dies or can no longer act as your attorney, your LPA will still be able to be used by the remaining attorney(s).

Jointly means that your attorneys must agree unanimously on every decision. This may delay simple decisions. If a unanimous decision cannot be reached by the attorneys then they will need to make an expensive and time-consuming application to the Court of Protection for a decision to be made. If one of your attorneys dies or can no longer act as your attorney then the remaining attorneys cannot act either. This is because the law says that a group appointed jointly is a single entity. Your LPA would therefore not be able to be used any further unless you have appointed a replacement attorney.

Jointly for some decisions, severally for others means that you are able to stipulate and list the decisions that the attorneys must make together, and those decisions which they can make alone. The wording you use is very important. If one of your attorneys can no longer act in a decision where you have specified the attorneys must act jointly, your LPA will not be able to be used for that decision, unless you have appointed a replacement attorney.

How would you like your attorneys to act for you? <i>If you are only appointing one attorney this section will not apply</i>	
<input type="checkbox"/> Jointly and severally <input type="checkbox"/> Jointly <input type="checkbox"/> Jointly for some decisions, jointly and severally for other decisions; please set out your instructions on a separate sheet.	
When do you want your attorney(s) to be able to make decisions?	<input type="checkbox"/> As soon as my LPA has been registered (and also when I do not have mental capacity) <input type="checkbox"/> Only when I do not have mental capacity

As soon as the LPA has been registered means that while you have mental capacity your attorney(s) can still make decisions on your behalf. However, they can only do so with your consent. This option is helpful if for example you still have mental capacity but are physical unable to get to the bank to withdraw money for your weekly shop.

Only when I do not have mental capacity means that your attorney(s) cannot use the LPA until you have lost your mental capacity. Your attorney(s) may be asked to prove that you do not have mental capacity each time they try to use the LPA and so this restrictive step could make the process of using the LPA difficult for your attorney, for example in relation to the example given above.

You can register your Health and Welfare LPA straight away, but the attorney(s) will only be able to act on your behalf once you have lost the mental capacity to make those decisions.

6. PREFERENCES AND INSTRUCTIONS

This is optional. You are able to tell your attorney(s) how you would prefer them to make decisions or give them specific instructions which they must follow when making decisions. Most people leave this section blank. We recommend that you are not too restrictive with your attorney(s) as the purpose of the LPA is that you appoint attorney(s) who will put your best interests first in any event. You can always communicate any preferences or informal wishes outside of the LPA by speaking or writing to your attorney(s).

Where this section will more likely be relevant and important is if you are appointing your GP or accountant as an attorney and you are concerned they would not necessarily be aware of your wishes as a family member or close friend may be.

Preferences means your attorney(s) do not have to follow your preferences. This is simply guidance for them to bear in mind. For example, "I would prefer that my attorneys leave my bank account with NatWest alone as I had earmarked that account to cover my funeral costs".

Instructions means your attorney(s) have to follow your instructions exactly. For example, "all decisions about my finances involving payments over £5000 must be made jointly". Any instructions that you try to include that are considered by the Office of the Public Guardian to be legally incorrect or contrary to the way in which LPA's work will be removed by the OPG before your LPA is registered. If you are unsure our lawyers will be able to assist.

If you have investments managed by a bank and want that to continue or you want to allow your attorneys to let a bank manage your investments, you must include wording in your LPA to confer specific authority in this regard on your attorney(s) otherwise they will need to make a specific (and time-consuming and expensive) application to the Court of Protection to be able to do this. If this issue is applicable to you please raise it with us when we discuss and prepare your LPA(s).

Preferences	
Instructions	

7. LIFE-SUSTAINING TREATMENT (HEALTH AND WELFARE ONLY)

It is important to decide whether you wish your attorneys to have power to give or refuse consent to life-sustaining treatment on your behalf. This is treatment required to keep you alive, for example a critical operation (such as heart or transplant surgery), cancer treatment, artificial nutrition or hydration (water or food given other than orally), continuing or ceasing life support, do not resuscitate orders or directions.

<input type="checkbox"/> I give my attorney(s) authority to give/refuse consent to life-sustaining treatment on my behalf. This means that your attorneys can speak to the doctors on your behalf as if they were you.	
<input type="checkbox"/> I do not give my attorney(s) authority to give/refuse consent to life-sustaining treatment on my behalf. This means that the doctors will take account of the view of your attorney(s) and people who are interested in your welfare as well as any written statement you have made, where practical and appropriate to do so, but your attorney(s) will not stand in your shoes or have the final say.	

8. CERTIFICATE PROVIDER

This is a person you need to nominate to confirm that they have discussed the LPA(s) with you, that you understand what is involved in the making of an LPA, and that nobody is forcing you to complete an LPA against your wishes.

The Certificate Provider should be someone you have known personally for two years such as a friend, neighbour, colleague, or someone with relevant professional skills such as your GP, healthcare professional or solicitor.

Your certificate provider cannot be an attorney/replacement attorney, a member of your family, an unmarried partner of yourself or one of your attorneys a business partner of yourself or one of your attorneys, an owner, manager, director or employee of a care home where you live.

We are happy to act as your Certificate Provider and we will not charge a separate or additional fee for this. We will complete this section of the LPA as part of our work in relation to the LPA generally. Your GP may charge a fee to complete this section of your LPA.

<input type="checkbox"/> I would like for KJSmith Solicitors to act as my Certificate Provider <input type="checkbox"/> I wish to appoint the below person to act as my Certificate Provider			
Full name		Date of birth	
		Telephone number	
		Email address	
Full address (including post code)		Occupation (if non-professional, how long have they known you - must be at least 2 years) and how do they know you	

9. PERSONS TO BE INFORMED WHEN THE LPA IS REGISTERED

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 Persons to be Notified. Please note that you cannot name your attorney(s) or replacement attorney(s).

The purpose of this step is that it allows you to inform any individuals that may have concerns about the LPA (for example if you were being pushed into making an LPA) so that they can raise any concerns or objections during the registration process.

When the LPA is submitted for registration, these people will be notified of that fact, which gives them an opportunity to raise any concerns. **You do not have to notify anyone if you do not want to.** You can notify a maximum of 5 persons.

	Person 1	Person 2	Person 3	Person 4	Person 5
Full name (including titles, middle names)					
Address (including post code)					
Relationship (to whom the application relates)					

10. REGISTERING YOUR LPA(S)

Please confirm if you would like us to register your LPA(s) once they have been prepared, approved, finalised and signed, and if you would like the Office of the Public Guardian to return them to this firm.

Registering your LPA(s)	<input type="checkbox"/> I wish to register my Health and Welfare LPA once signed and for the LPA(s) to be sent to KJSmith Solicitors once registered by the OPG (<i>we will forward copies to you</i>) <input type="checkbox"/> I wish to register my Property and Financial Affairs LPA once signed and for the LPA(s) to be sent to KJSmith Solicitors once registered by the OPG (<i>we will forward copies to you</i>) <input type="checkbox"/> I do not wish to register my Health and Welfare LPA(s) at this time <input type="checkbox"/> I do not wish to register my Property and Financial Affairs LPA(s) at this time
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There is a registration fee for each LPA submitted for registration. You may however qualify for a reduced registration fee, or exempt from any registration fees. Our lawyers will discuss this with you.

Once the LPA(s) have been registered, please confirm how you would like the original LPA(s) stored.

Once registered, would you like us to send your original LPA(s) or would you like to retain your original LPA(s) in our fire proof storage?	<input type="checkbox"/> I would like to retain my original LPA's <input type="checkbox"/> I would like KJSmith Solicitors to retain my original LPA(s), and acknowledge that I will receive a copy.
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11. CONFIRMATION

Where did you hear of us?

- branch drop-in bus CAB internet leaflet newspaper/magazine
 recommendation/referral other passing by radio 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:**

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