

LASTING POWER OF ATTORNEY QUESTIONNAIRE

I would like you to prepare		
Health and Welfare LPA [<input type="checkbox"/>]	A Property and Finance LPA [<input type="checkbox"/>]	Both [<input type="checkbox"/>]
HEALTH AND WELFARE LPA	PROPERTY AND FINANCIAL AFFAIRS LPA	
This will allow your attorney to act on your behalf when making decisions regarding the following: a) your daily routine b) your medical care c) moving you into a care home; and d) whether you should receive life-sustaining treatment Note: this LPA can only be used once you (the donor) loses capacity to be able to make these decisions on your own.	This will allow your attorney to act on your behalf when making decisions regarding the following: a) managing your bank/building society accounts b) paying bills c) collecting benefits on your behalf and d) selling your home Note: this LPA can be used by your attorney(s) as soon as it has been registered with the Office of the Public Guardian (OPG)	

DONOR

As you are appointing other people to make decisions on your behalf, you are described as the Donor. You must be 18 years old 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 Attorneys will have limited powers in relation to your property and financial affairs.

Title		Date of birth	
First name(s)			
Last name			
Alias / Alternate names used			
Address			
Email		Telephone number	

ATTORNEYS

These are the people you are asking to make decisions for you. Your Attorneys 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 for yourself. For example your spouse, partner, child or trusted friend

You will need at least one Attorney but we recommend that you have at least 2. Each Attorney must be 18 years old or over and have the necessary mental capacity to act as an Attorney. You cannot appoint someone as an Attorney for your Property & Financial Affairs if they are bankrupt or subject to a Debt Relief Order (but they could act as Attorney for your Health/Welfare decisions).

You can also nominate replacement Attorneys who will act in the event that your named Attorney(s) are unable to do so.

Attorney 1		Attorney 2	
Title		Title	
First name(s)		First name(s)	
Last name		Last name	
Date of birth		Date of birth	
Address		Address	
Email		Email	
Telephone number		Telephone number	
Attorney 3		Attorney 4	
Title		Title	
First names		First names	
Last name		Last name	
Date of birth		Date of birth	
Address		Address	
Email		Email	
Telephone number		Telephone number	

You need to choose how your attorneys are going to make decisions on your behalf. Please select from one of the following options:

A) I am only appointing **one attorney**

B) **Jointly and severally:** This means (if you are appointing more than one Attorney) your Attorneys can make decisions either independently or together. Most people select this option as it is the most useful one 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 attorney can make this decision, or if a simple errand needs to be run and one of your Attorneys lives in another part of the country*). It also means that if one of the attorneys dies or can no longer act your LPA will still be able to be used by the remaining Attorney(s).

C) **Jointly:** This means that your Attorneys must agree unanimously on every decision, however big or small. 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 for them.

Note: With this option if one of your attorneys dies or is unable to act then the remaining Attorneys cannot continue to 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.

D) **Jointly for some decisions, severally for other decisions:** You can stipulate that your Attorneys must all agree for certain decisions but can act independently for others. If you select this option you must list the decisions where the attorneys must act together. The wording you use is very important. Please use the continuation sheet to set out your wishes in this regard and we will draft your LPA accordingly.

Note: If one of your Attorneys can no longer act in relation to a decision where you have specified that your Attorneys must act jointly, your LPA will not be able to be used in relation to that issue, unless you have appointed a replacement attorney.

Please circle your chosen option from the above:

Option A

Option B

Option C

Option D

REPLACEMENT ATTORNEY(S)

This is a backup Attorney(s) in the instance where the one(s) you have appointed are unable to act.

Please note this Attorney must be 18 years old or over and have the necessary mental capacity to be able to act on your behalf.

Attorney 1		Attorney 2	
Title		Title	
First name(s)		First name(s)	
Last name		Last name	
Date of birth		Date of birth	
Address		Address	
Email		Email	
Telephone number		Telephone number	
Attorney 3		Attorney 4	
Title		Title	
First names		First names	
Last name		Last name	
Date of birth		Date of birth	
Address		Address	
Email		Email	
Telephone number		Telephone number	

You need to choose how your **replacement attorneys** are going to make decisions on your behalf. Please select from one of the following options:

Jointly []

or

Jointly and Severally [] (**THEN CONTINUATION SHEET IS NEEDED**)

LIFE-SUSTAINING TREATMENT (ONLY APPLICABLE FOR A HEALTH & WELFARE LPA)

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/food given other than orally)
- Continuing or ceasing life-support
- Do Not Resuscitate orders/directions

WHO DO YOU WANT TO MAKE DECISIONS ABOUT LIFE-SUSTAINING TREATMENT?

Option A – 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.

Option B – I do not give my attorneys authority to give/refuse consent to life sustaining treatment on my behalf. If you choose this option doctors will take account of the views of your Attorneys and people who are interested in your welfare as well as any written statement you have made, where it is practical and appropriate to do so, but your Attorney(s) will not stand in your shoes or have the final say on these decisions.

Please circle your chosen option:

Option A

Option B

CERTIFICATE PROVIDER

This is a person you need to nominate to confirm that they've discussed the LPA with you, that you understand what is involved in making an LPA and that nobody is forcing you to complete an LPA against your wishes. The 'certificate provider' should be either:

- a) someone you have known personally for at least 2 years, such as a friend, neighbour, colleague or former colleague;
- or
- b) someone with relevant professional skills, such as your GP, a healthcare professional or a solicitor.

Note: 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 and within the fee quote we have provided for the work we are undertaking. Your GP may charge a fee to complete this section of your LPA.

Your certificate provider cannot be

- one of your attorneys or replacement attorneys
- a member of your family or your attorney(s) family (including spouses, in-laws and step-relatives)
- An unmarried partner, boyfriend/girlfriend of you or one of your attorney(s)
- Yours or your attorney(s) business partner or yours or your attorney(s) employee
- an owner, manager, director or employee of a care home where you live

Certificate provider	KJ Smith Solicitors: Yes [] No []		
	If No, please include details below for your chosen Certificate Provider		
Title		Date of birth	
First names			
Last name			
Address			

DECISION MAKING (ONLY APPLICABLE FOR A PROPERTY & FINANCIAL AFFAIRS LPA)

When would you like your Attorney(s) to be able to make decisions for you? *Please choose just one:*

A) As soon as the LPA has been registered: This 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 your mental capacity but you are physically unable to get to the bank to withdraw money for your weekly shop. It would allow your Attorney(s) to withdraw money from your account and complete the shop for you.*

B) Only when I don't have mental capacity: This 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(s), for example in relation to the example given above of physical impairment rather than the loss of mental capacity

Note: You can register your Health & 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.

Please circle your chosen option:

Option A

Option B

PEOPLE TO NOTIFY WHEN THE LPA IS REGISTERED

You can choose to inform independent third parties that you are registering an LPA. 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 the opportunity to raise any concerns. **You do not have to notify any third parties if you do not want to.**

Note: you cannot notify Attorneys or replacement attorneys here.

You can notify a maximum of 5 people.

Person 1		Person 2	
Title		Title	
First names		First names	
Last name		Last name	
Date of birth		Date of birth	
Address		Address	
Telephone number		Telephone number	
Person 3		Person 4	
Title		Title	
First names		First names	
Last name		Last name	

Date of birth		Date of birth	
Address		Address	
Telephone number		Telephone number	

Please note that you are under no obligation to notify anyone, if you have any further queries regarding this part of the process please do not hesitate to contact us.

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 Attorneys, as the purpose of an 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 to or writing to your Attorney(s). Where this section will be more likely to be relevant and important is if you are appointing your Doctor or Accountant as an Attorney and you are concerned that they wouldn't necessarily be as aware of your wishes as a family member would be.

Preferences – Your Attorney(s) don't have to follow your preferences. This is simply guidance for them to bear in mind. *E.g. "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- your attorney(s) have to follow your instructions exactly. *E.g. All decisions about my finances involving payments over £5,000 must be made jointly.*

Note: 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 LPAs work will be removed by the OPG before your LPA is registered. If you are unsure about whether your Instructions are likely to be struck out, please do not hesitate to ask us.

Note: 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 Attorneys, 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).

HANDLING THE LPA(S) FOLLOWING REGISTRATION

Unless you specifically instruct us to the contrary, KJ Smith will receive the registered LPA back from the Office of the Public Guardian (OPG). We will then take your instructions regarding the longer-term storage of the LPA(s). We can keep the original if you should wish and provide you with a certified copy. This way you know the original is in a safe place.

