

Certificate of suitability of litigation friend

If you are acting

- **for a child**, you must serve a copy of the completed form on a parent or guardian of the child, or if there is no parent or guardian, the carer or the person with whom the child lives
- **for a patient**, you must serve a copy of the completed form on the person authorised under Part VII of the Mental Health Act 1983 or, if no person is authorised, the carer or person with whom the patient lives unless you **are** that person. You must also complete a certificate of service (obtainable from the court office)

You should send the completed form to the court with the claim form (if acting for the claimant) or when you take the first step on the defendant's behalf in the claim together with the certificate of service (if applicable)

In the	
Claim No.	
Claimant (including ref.)	
Defendant (including ref.)	

You do not need to complete this form if you do have an authorisation under Part VII of the Mental Health Act 1983 to conduct legal proceedings on the person's behalf.

I consent to act as litigation friend for (claimant)(defendant)

I believe that the above named person is a

☐

child

☐

patient (give your reasons overleaf and attach a copy of any medical evidence in support)

I am able to conduct proceedings on behalf of the above named person competently and fairly and I have no interests adverse to those of the above named person.

*I undertake to pay any costs which the above named claimant may be ordered to pay in these proceedings subject to any right I may have to be repaid from the assets of the claimant.

* delete if you are acting for the defendant

Please write your name in capital letters

☐ Mr ☐ Mrs ☐ Miss

Surname

☐ Ms ☐ Other _____

Forenames

Address to which documents in this case are to be sent.

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I certify that the information given in this form is correct

Signed **Date**

The court office at

is open between 10 am and 4 pm Monday to Friday. When corresponding with the court, please address forms or letters to the Court Manager and quote the claim number.

Claim No.	
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My reasons for believing that the (claimant)(defendant) is a patient are:-

