

Certificate of suitability of litigation friend

Name of court	
Case no.	
Serial no.	

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 protected party**, you must serve a copy of the completed form on the person who is the attorney of a registered enduring power of attorney, donee of a lasting power of attorney or deputy of the protected party, or if no person has such power, the person with whom the protected party resides or in whose care the protected party is. You must also complete a certificate of service (obtainable from the court office).

You should send the completed form to the court when you take the first step in the proceedings on behalf of the child or protected party, together with the certificate of service (if applicable).

You do not need to complete this form if you do have power under the Mental Capacity Act 2005 to conduct legal proceedings on behalf of the protected party.

I consent to act as litigation friend for

the (applicant) (respondent)

I believe that the above named person is a

- child protected party *(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 person may be ordered to pay in these proceedings, subject to any right I may have to be repaid from the assets of that person.

Please write your name in capital letters

Mr Mrs Miss

Ms Other _____

Surname

Forenames

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

I certify that the information given in this form is correct

Signed _____

Dated _____

Case no.	
Serial no.	

My reasons for believing that the (applicant)(respondent) is a protected party are:-