

Annex A**Supporting information for
property and affairs applications**

For office use only

Date received

Case no.

Full name of person to whom the application relates
(this is the person who lacks, or is alleged to lack, capacity)

Please read first

- You need to complete and file this form if your application relates to property and affairs (which includes financial matters).
- If your application relates to personal welfare (which includes health matters) then you need to complete COP1B.
- Please continue on a separate sheet of paper if you need more space to answer a question. Write your name, the name and date of birth of the person to whom the application relates, and the number of the question you are answering on each separate sheet.
- If you need help completing this form please check the website, www.justice.gov.uk or www.direct.gov.uk, for further guidance or information, or contact Court Enquiry Service on 0300 456 4600 or email courtofprotectionenquiries@hmcts.gsi.gov.uk
- Court of Protection staff cannot give legal advice. If you need legal advice please contact a solicitor.

Section 1 - Your details (the applicant)

1.1 Full name

Address
(including
postcode)

Telephone no.

Section 2 - Information about the person to whom the application relates

2.1 What is the address of the person to whom the application relates?

2.2 What is their date of birth?

D	D	M	M	Y	Y	Y	Y
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2.3 What type of accommodation is the person to whom the application relates living in?

- ☐ Own home
- ☐ Family member/friend's home (including spouse/civil partner)
- ☐ Private rented home
- ☐ Council rented home
- ☐ Housing Association rented home
- ☐ Supported housing e.g. provided by organisation such as YMCA
- ☐ Local Authority nursing home or residential home
- ☐ Private nursing home or residential home
- ☐ NHS accommodation e.g. hospital, hostel
- ☐ Private hospital
- ☐ Other (please give details)

2.4 When did he or she move to this accommodation (if known)?

2.5 If he or she lives in private accommodation, do they share accommodation with anyone else? ☐ Yes ☐ No

If Yes, please give the name of the other person(s) and state their connection to the person to whom the application relates.

2.6 Is the person to whom the application relates:

- ☐ Married or in a civil partnership
- ☐ In a relationship with a person who is not a spouse or civil partner, but living together as if they were
- ☐ Separated
- ☐ Divorced or their civil partnership has dissolved
- Date of divorce/dissolution
- ☐ Widowed or a surviving civil partner
- Date of death of spouse/civil partner
- ☐ Single

2.7 Do you personally visit the person to whom the application relates? ☐ Yes ☐ No

If Yes, how frequently?

2.8 Does anyone else visit the person to whom the application relates? ☐ Yes ☐ No

If Yes, please provide details of the most frequent visitors.

Name	Connection to the person to whom the application relates	Frequency of visits

- 2.9 Where the person to whom the application relates lives in his or her own home, please provide brief details of the arrangements made for domestic assistance and care and details of any proposed changes.

- 2.10 Is a social worker or care manager involved with the person to whom the application relates? ☐ Yes ☐ No

If Yes, please give details (if known).

Full name

Address
(including
postcode)

Telephone no.

- 2.11 Please provide the name and contact details for any GP or practitioner of the person to whom the application relates.

Full name

Address
(including
postcode)

Telephone no.

Section 3 – Powers granted/arrangements already made

Guardianship

- 3.1 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 ☐ No

If Yes, please give the full name, address and telephone number of the guardian or name of the Local Authority.

Name of guardian or Local Authority

Address (including postcode)

Telephone no.

Will

- 3.2 Has the person to whom the application relates made a will? ☐ Yes ☐ No **(Go to Section 3.5)** ☐ Not known **(Go to Section 3.5)**

If Yes, have you attached a copy of the will?

☐ Yes ☐ No

- 3.3 If you cannot obtain a copy of the will but you know who holds a copy, please give their name and contact details.

- 3.4 If known, please provide the names of the executor(s) of the will.

Power of attorney, enduring power of attorney and lasting power of attorney

- 3.5 Has the person to whom the application relates granted a power of attorney, enduring power of attorney or lasting power of attorney? ☐ Yes ☐ No
☐ Don't know

If Yes, please state which type(s) and the date granted (if known).

☐ Power of attorney

☐ Enduring power of attorney

☐ Lasting power of attorney for property and affairs

☐ Lasting power of attorney for personal welfare

- 3.6 Has any enduring power of attorney or lasting power of attorney been registered with the Public Guardian? ☐ Yes ☐ No
☐ Don't know

If Yes, please state the date(s) of registration

Enduring power of attorney

Lasting power of attorney

- 3.7 Has there been any unsuccessful applications to register an enduring power or attorney or a lasting power of attorney with the Public Guardian? ☐ Yes ☐ No
☐ Don't know

- 3.8 Please state the name(s) and address(es) of the attorney(s) who act (or have acted) for the person to whom the application relates.

Section 4 – Income, assets and expenditure

Social security benefits

4.1

Does the person to whom the application relates receive any social security benefits?

☐ Yes

☐ No **(Go to Section 4.4)**

4.2

What is the national insurance number of the person to whom the application relates?

4.3

Please give details below of all social security benefits the person to whom the application relates is entitled and state who is currently receiving these. Please also list any benefits that have been claimed for the person to whom the application relates but are not yet being received.

Social security benefit	Weekly amount	Received by
State retirement pension		
Attendance allowance		
Severe disablement allowance		
Disability living allowance		
Incapacity benefit		
Income support		
Council tax benefit		
Child benefit		
Other type of benefit (please give details)		

Occupational/company pensions and annuities

- 4.4 Does the person to whom the application relates receive any occupational/company pensions or annuities?

☐ Yes

☐ No (**Go to Section 4.5**)

If Yes, please give the following details for each occupational/company pension or annuity:

Name, address and reference of the company/payer	Amount received (indicate whether gross or net)	Frequency of payments

Trusts

- 4.5 Is the person to whom the application relates entitled to any income, property or capital from a trust?

☐ Yes

☐ No (**Go to Section 4.6**)

If Yes, please give details of any interest in a trust or similar to which the person to whom the application relates is entitled or to which they may become entitled. Please give the circumstances under which he/she will become entitled, together with details of the property and particulars of the will or settlement and the names of the present trustees.

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Interest in a deceased's estate

- 4.6 Does the person to whom the application relates have any interest in the estate of someone who has died (or is he/she likely to become entitled to such an interest shortly)? ☐ Yes ☐ No (**Go to Section 4.7**)

Please give full details of any interests to which the person to whom the application relates has become entitled (or may become entitled) under a will or intestacy.

Please provide the name, address and telephone number of the person dealing with the administration of the estate.

Damages and criminal injuries compensation

- 4.7 Has the person to whom the application relates recently received a damages award (for example, following a road accident or medical negligence) or is he/she expected to receive a damages award? ☐ Yes ☐ No

If Yes, please give details, including the name and address of solicitors involved in the case and the present position with regard to the litigation. Is a settlement/trial imminent?

- 4.8 Has the person to whom the application relates made a claim to the Criminal Injuries Compensation Authority? ☐ Yes ☐ No

If Yes, please give the name and address of solicitors involved in the case and details of any awards or interim payments, including the amount.

Income from employment

- 4.9 Please give details of any income the person to whom the application relates receives from employment.

Miscellaneous income

- 4.10 Please list any income to which the person to whom the application relates is (or may become) entitled which has not been mentioned elsewhere in this form. If there is none, please say so.

Money held in bank accounts

- 4.11 Does the person to whom the application relates have any money held in bank or building society accounts (or similar)?

☐ Yes

☐ No (**Go to Section 4.12**)

If Yes, please give the following details:

	Account 1	Account 2	Account 3
Name and full postal address of the bank/ building society branch where the account is held			
Name of the account			
Sort code			
Account number			
Type of account (e.g. current, deposit, high interest)			
How much is in the account?			
If the account is a joint account, please give the name and address of the co-holder			
If the account is a joint account, please give a brief explanation of the circumstances in which the monies came to be held in a joint account			

Please provide the above information for any additional accounts on a separate sheet of paper.

- 4.12 Does any other person or organisation (other than those already mentioned) hold money for the person to whom the application relates? ☐ Yes ☐ No

If Yes, please give full details including the name and address of those involved, the amount held and the reason for holding the money.

Investments

- 4.13 Does the person to whom the application relates own or have an interest in any investments such as stocks and shares, unit trusts, bonds etc? ☐ Yes ☐ No

If Yes, please give a full list of the investments of the person to whom the application relates. Alternatively, please provide a valuation from the fund manager.

☐ Valuation
attached

Life assurance policies

- 4.14 Does the person to whom the application relates have any life assurance policies? ☐ Yes ☐ No

If Yes, please give full details of any policies, the premiums payable and whether you wish to continue to keep the policies going.

Land and property

- 4.15 Does the person to whom the application relates own any land or property? ☐ Yes ☐ No (**Go to Section 4.21**)

If Yes, please enter the address(es) and state whether the land or property is freehold, leasehold or commonhold property.

- 4.16 If leasehold, please give details (if known) of the length of the lease, any rent or service charges payable and any restriction on the sale of the property.

4.17 Please state the approximate value of each property.

4.18 If any land or property is owned jointly, please give details of the other joint owner(s) and state what share of the property is held by the person to whom the application relates.

4.19 If any property has a mortgage owing, please give details including the names of the people who have taken out the mortgage, the mortgage provider and the outstanding balance.

4.20 Please give information on any recent or proposed sale of parts of the client's property or possessions (e.g. their home).

Personal possessions

- 4.21 Please provide here an estimate of the overall value of the belongings of the person to whom the application relates.

- 4.22 Please list any items which are thought to be particularly valuable and give an indication of the value.

Business

- 4.23 Does the person to whom the application relates own or have any interest in a business? ☐ Yes ☐ No

If Yes, please provide the name and details of the business, who is running the business, and the role/interest of the person to whom the application relates.

Debts and money owed

4.24 Does the person to whom the application relates have any outstanding debts?

☐ Yes

☐ No

If Yes, please give details of any debts of the person to whom the application relates including the name(s) of any creditors and the amount of the debt.

4.25 Does anyone owe the person to whom the application relates money?

☐ Yes

☐ No

If Yes, please give details including who owes the money and the amount.

Miscellaneous assets and investments

4.26 Please use this section to list any other property or other assets which the person to whom the application relates may own or have an interest in which have not been mentioned elsewhere in this form. If there are none, please say so.

Expenditure

- 4.27 If the person to whom the application relates is in a nursing or residential home or some other type of accommodation that is charged for, please state the cost of the accommodation and whether the amount is the annual, quarterly, monthly or weekly cost.

- 4.28 Has the person to whom the application relates been assessed by the Local Authority to pay a contribution towards their accommodation costs? ☐ Yes ☐ No

- 4.29 Please give information about any regular gifts and regular charitable donations made by the person to whom the application relates.

- 4.30 Please give information on any recent significant expenditure made on behalf of the person to whom the application relates, either using his/her funds or funds provided by someone else.

Section 5 – Other information

5.1 Please provide any additional background information about the person to whom the application relates that is relevant to your application (such as key dates and facts).

Signed

Name

Date

Name of firm

Position or office held

Now read note 8 of the COP1 application form about what you need to do next.