

Certificate of suitability of litigation friend

Name of court	
Case no.	
Serial no.	

If you are acting

- **for a child**, a copy of the completed form must be served 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**, a copy of the completed form must be served 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 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. The court officer will send the completed form to every person on whom the application should be served.

You do not need to complete this form if you have authority as a deputy under the Mental Capacity Act 2005 to conduct the proceedings in the name of the protected party or on his behalf.

I consent to act as litigation friend for

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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.

☐ Mr ☐ Mrs ☐ Miss
☐ Ms ☐ Other _____

Please write your name in capital letters

Surname

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Forenames

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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 _____

Dated _____

Case no.	
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My reasons for believing that the (applicant)(respondent) is a protected party are:-