COP 1B	Court of Protection
12.17	Annex B: Su

Annex B: Supporting information for personal welfare applications

For office use only			
Case no.			
Date received			

name (me of person to whom the application related the person who lacks, or is alleged to late Mark Kellett	•	
of liber urgent	e note: COP1 and this annex are not to be ty (DoL) under section 21A of the Mental authorisation under Schedule A1 or the sect. For those applications please visit ou	Capacity Act 2005 treamlined applica	5 (the Act) relating to a standard or ation under section 4A(3) and 16(2)(a)
Please	e note: This form must be submitted wi	th COP1	
Sectio	n 1 - Type of application - A fee is paya	ble per applicatior	n (see COP44)
1.1	This application relates to:		
	Serious medical treatment		or alternative evidence of capacity and erred to in Practice Direction 9(E)
	Healthcare or medical treatment		
	Residence		
	☐ Contact	Enclose COP3 o	or alternative evidence of capacity
	☐ Prohibited contact order		
	Other (see below)		
	Appointment of deputy for personal welfare	Enclose COP3 of form COP4 depo	or alternative evidence of capacity and uty's declaration
	Other (please give details below)		
1.2	Are you seeking a declaration of except	ional urgency?	☐ Yes, you must complete section 6☐ No
	Do you require urgent interim order/dire	ctions?	☐ Yes, you must complete section 7☐ No

Section 2 - Your details (the applicant) 2.1 (a) Applicant 1

		☑Mr.	☐Mrs.	□Miss	□Ms.	Other	
	First name(s)	First Tes	st				
	Last name	Applicar	nt				
	(b) Applicant 2						
		□Mr.	☑Mrs.	□Miss	□Ms.	Other	
	First name(s)	Second	Test				
	Last name						
Sectio	n 3 - Information abo	out the po	erson to w	hom the a	pplication	relates	
3.1	Do you personally vi	isit the pe	rson to who	om the app	lication rela	ates?	☐ Yes ☐ No
					If Yes, h	ow frequent	tly?
3.2	Does anyone else vi	sit the pe	rson to who	om the app	lication rela	ates?	☐ Yes ☐ No
	If Yes, please provide details of the most frequent visitors						
	Name				ion to the p e application		Frequency of visits
3.3	Doctor's details						
	Full name						
	Address						

3.4	Local Authority Social Services details				
	Name of local authority	Canterbury Social Services			
	Full name	Miss Social Worker			
	Address	123 The Road Testington Kent TE57 1NG			
3.5	Details of NHS body with responsibility for treatment for the person to whom the application relates				
	Full name				
	Address				
Section	on 4 - Advance de	ecisions and Lasting Powers of Attorney			
4.1	Has the person	to whom this application relates made an advance decision?	☐ Yes	☐ No	
	If Yes, please di	If Yes, please give details			
4.2	Has the person Attorney for hea	to whom this application relates granted a Lasting Power of lth and welfare?	☐ Yes	□ No	
	If Yes, please gi	ve details			
	С	Pate made Date registered			
		Please provide a certified copy of the registered instrum	ent		
4.3	Attorney (1)				
	Full name				
	Address				
	Phone no.				

	Attorney (2)			
	Full name			
	Address			
	Phone no.			
Section	n 5 – Guardianshi	p		
5.1	conferred on the S	uardianship under the Mental Health Act 1983 been Social Services Department of the Local Authority or ved person in relation to the welfare of the person to tion relates?	☐ Yes	□ No
	If Yes, please give	e details		
	Name of guardian or Local Authority			
	Address (including postcode)			
	Phone no.			
Section	n 6 - Declaration o	of exceptional urgency (only complete if you ticked 'Yes' a	at 1.2 on pa	age 1)
6.1	Please give your	reasons for the urgency:		
6.2	By proposed time	table		
	Please tick the bo	xes that apply		
	The application fo	r interim order or directions should be considered within		hours/days
	Request for permi	ssion (if applicable) should be considered within		hours/days
	Abridgement of tin	ne is sought for the lodging of acknowledgments of service		hours/days
	If permission gran	ted, a substantive hearing is sought by	_	date

Section 7 - Urgent interim orders/directions (only complete if you ticked 'Yes' at 1.3) 7.1 Please state the order/directions sought and the reasons for the urgency? You may wish to attach draft interim order/directions. Section 8 - Order sought 8.1 The order I seek is as follows: Manage Financial Affairs of P 8.2 I enclose COP24 Witness Statement setting out evidence in support of my application **Section 9 - Attending court hearings** 9.1 If the court requires you to attend a hearing do you need any special ☐ Yes ☐ No assistance or facilities? If Yes, please say what your requirements are. If necessary, court staff may contact you about your requirements.

Section 10 - Statement of truth

The statement of truth is to be signed by you, your solicitor or your litigation friend.

*(I believe) The applicant(s) believe(s) that the facts stated in this annex are true.

	Applicant (1)		Applicant (2)		
Signed		Signed			
	*Applicant('s litigation friend)('s solicitor)		*Applicant('s litigation friend)('s solicitor)		
Name	Ben Kellett	Name			
Date		Date			
Name of firm	Pracctice Ltd	Name of firm			
Position or office held	Supervisor	Position or office held			

If there are more than two applicants, please continue on a separate sheet.

^{*} Please delete the options in brackets that do not apply.

COP1B Notes

Guidance notes on completing form COP1B Annex B: Supporting information for personal welfare applications

Please read the following notes before completing form COP1B

You must complete and file this form if your application relates to personal welfare matters. This includes applications relating to health matters and applications to appoint a deputy for personal welfare.

You must also complete this form if your application relates to both property and affairs and personal welfare, for example if you are applying for appointment as deputy for property and affairs and personal welfare.

If your application relates to property and affairs only (which includes financial matters), or is about a lasting or enduring power of attorney, you do not need to complete this form. The guidance notes to form COP1 explain what forms you need to complete for the different types of application.

Completing form COP1B

Type of application (Section 1)

Please state what type of application you are seeking to make by ticking one of the boxes in section 1.1.

Please note: Form COP1B must not be used for applications concerning applications under section 21A of the Mental Capacity Act 2005 relating to the deprivation of liberty safeguards (DoLS) or for applications for a court-authorised deprivation of liberty under the streamlined procedure. If you do need to make a deprivation of liberty application, refer to practice direction 10AA, which you can download from the website.

You may need the court's permission to make a personal welfare application. The guidance notes to form COP1 Application form explain when you will need the court's permission to make an application.

Advance decisions and lasting powers of attorney (Section 4)

If the person the application is about has made an advance decision or lasting power of attorney for

health and welfare, provide details. Please provide a copy or if you are unable to do so, explain why. If the lasting power of attorney has not been registered, explain why.

There is no need to provide details of an enduring power of attorney or lasting powers of attorney for property and financial affairs.

Declaration of exceptional urgency (Section 6)

Complete this section if your application is extremely urgent and you require the court to consider it immediately. You must state the reasons for the urgency, including the time by which the court should consider the application; and what order you are asking it to make. Where possible you should provide a draft order with the application.

Please note: You should only seek a declaration of exceptional urgency in cases of emergency. If the judge has concerns that the procedure has been abused, he may ask you or your representative to attend the court to explain your reasons in person.

Urgent interim orders/directions (Section 7)

Complete this section if you are asking the court to make a temporary order, or if there is a matter that requires the courts immediate attention.

Order sought (Section 8)

You need to state what order or declaration you are asking the court to make. In each case, the court needs to decide whether the person to whom the application relates is capable of making a decision in the matter to which your application relates.

Please provide specific detail of the type of matter that you have indicated in section 1.1; and what you are asking the court to do. For example if your application relates to residence you may require the court to decide whether person to whom the application relates is capable of deciding where they should live, and to make an order that they move to a particular residence.

What you need to do next

When you have completed this form, you will need to consider what other forms you need to complete. The forms to be completed will be different depending on the type of application. Please refer to the guidance notes on form COP1 for information on what forms to complete and what you need to do next.

When you have completed all the forms you should take, or send them to the Court of Protection, along with any fee. For details on where to send your application check the website: www.gov.uk/court-of-protection

Disclaimer

Court of Protection staff cannot give legal advice. If you need legal advice please contact a solicitor or your local Citizens Advice Bureau. Information in this guidance is believed to be correct at the time of publication; however we do not accept any liability for any error it may contain.

If you need further help with your application, please check the website www.gov.uk/court-of-protection