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Please refer to the guidance notes for COP20B before completing this form

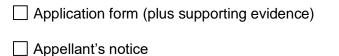
Full name of person to whom the application/appeal relates (this is the person who lacks, or is alleged to lack, capacity) Mr Ben Mark Kellett

Section 1 – Details of the person who provided service/notification

1.1	Full name:					
	Mr First F					
1.2	In what capacity are you providin	ig notice?				
	As the:					
	Applicant	Appellant	Respondent			
	Applicant's solicitor	Appellant's solicitor	Respondent's solicitor			
	Applicant's litigation friend	Agent	Respondent's litigation friend			
	Agent					
	Other (Please give details)					

Section 2 – People served (See Section 3 for people notified)

2.1 Title or description of the document (tick only one box)



Respondent's notice

Certificate of suitability of litigation friend

Other (Please give details)

Please photocopy this sheet before use if additional people need to be served

2.2 In respect of all served

1. Name of person served	Date of service
Mrs First F	13/06/2021
Address of service 123 the street Brighton Sussex BR55HT	Method of service 1st class post fax in person other electronic means DX permitted address alternative method as directed by court order
2. Name of person served Mr Second Respondent	Date of service
Address of service	Method of service
1 2 3 4 5	□ 1st class post □ fax □ in person □ other electronic means □ DX □ permitted address □ alternative method as directed by court order
3. Name of person served Ms Third Respondent	Date of service
Address of service 1 2	Method of service 1st class post fax in person other electronic means DX permitted address alternative method as directed by court order
4. Name of person served ghjg	Date of service

Section 3 – People notified Please photocopy this sheet before use if additional people need to be notified

I have given notice of issue of application form (COP15) to the following:

1. Name of person notified	Date of notification	
Dr First Notified		
Address of notification medical center in town kent dr78ty	Method of notificatio 1st class post in person DX alternative metho	n fax other electronic means permitted address od as directed by court order
2. Name of person notified Ms Second Notified	Date of notification	
Address of notification	Method of notificatio	n
45 ghhd dh	☐ 1st class post	☐ fax
fdh dfhdf	in person	other electronic means
	DX	permitted address
	alternative metho	d as directed by court order
3. Name of person notified Mr Third Notified	Date of notification	
-	Date of notification	
Mr Third Notified Address of notification 3		n [] fax
Mr Third Notified Address of notification 3 1 2	Method of notificatio	_
Mr Third Notified Address of notification 3 1	Method of notificatio	☐ fax
Mr Third Notified Address of notification 3 1 2 4	Method of notificatio I st class post in person DX	☐ fax ☐ other electronic means —
Mr Third Notified Address of notification 3 1 2 4	Method of notificatio I st class post in person DX	 fax other electronic means permitted address
Mr Third Notified Address of notification 3 1 2 4 5	Method of notificatio 1st class post in person DX alternative metho	☐ fax ☐ other electronic means ☐ permitted address od as directed by court order
Mr Third Notified Address of notification 3 1 2 4 5	Method of notificatio 1st class post in person DX alternative metho	☐ fax ☐ other electronic means ☐ permitted address od as directed by court order
Mr Third Notified Address of notification 3 1 2 4 5	Method of notificatio 1st class post in person DX alternative metho Date of notification Method of notification	☐ fax ☐ other electronic means ☐ permitted address od as directed by court order
Mr Third Notified Address of notification 3 1 2 4 5	Method of notificatio 1st class post in person DX alternative metho Date of notification Method of notificatio 1st class post	 ☐ fax ☐ other electronic means ☐ permitted address od as directed by court order

Section 4 – Non-service/Non-notification

I could not serve/give notice to:

Name
Reason:
Name
Reason:
Name
Reason:

Section 5 - Statement of truth

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

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

Signed		Date				
Name	Mr First F					
Name of firm		Position or office held				

Please return the completed certificate to the Court of Protection

Note:

No other forms need to be attached with this form. However, it may assist the court if your completed **COP20A** and **COP20B** could be returned at the same time.