

# Annex A: Supporting information for property and financial affairs applications

For office use only
Case no. (if known) { FORMTEXT }
Date received { FORMTEXT }

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

{ MERGEFIELD FW_PER_REL_FW_CLI1_TITLE \f" " }{ MERGEFIELD FW_PER_REL_FW_CLI1_FNAME \f" " }{ MERGEFIELD FW_PER_REL_FW_CLI1_MNAME \f" " }{ MERGEFIELD FW_PER_REL_FW_CLI1_SNAME }
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Please refer to COP1A guidance before completing this form. It is important that this annex form is fully completed. If you do not have enough information you should consider asking for an interim order authorising you to obtain information from banks and other financial institutions.

Please note: This annex must be submitted with COP1.

## Section 1 - Your details (the applicant) and details of any proposed deputies

### 1.1 (a) Applicant 1

Proposed deputy? { FORMCHECKBOX } Yes { FORMCHECKBOX } No

{ IF { MERGEFIELD FW\_APP1\_FW\_A1\_TITLE } = "Mr"   } Mr. { IF { MERGEFIELD FW\_APP1\_FW\_A1\_TITLE } = "Mrs"   } Mrs. { IF { MERGEFIELD FW\_APP1\_FW\_A1\_TITLE } = "Miss"   } Miss { IF { MERGEFIELD FW\_APP1\_FW\_A1\_TITLE } = "Ms"   } Ms. { FORMCHECKBOX } Other { FORMTEXT }

First name(s)

{ MERGEFIELD FW_APP1_FW_A1_FNAME } { MERGEFIELD FW_APP1_FW_A1_MNAME }
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Last name

{ MERGEFIELD FW_APP1_FW_A1_SNAME }
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### (b) Applicant 2

Proposed deputy? { IF { MERGEFIELD FW\_APP2\_FW\_A2\_SNAME } = ""   } Yes { FORMCHECKBOX } No

{ IF { MERGEFIELD FW\_APP2\_FW\_A2\_TITLE } = "Mr"   } Mr. { IF { MERGEFIELD FW\_APP2\_FW\_A2\_TITLE } = "Mrs"   } Mrs. { IF {

MERGEFIELD FW\_APP2\_FW\_A2\_TITLE }= "Miss"

}Miss {IF { MERGEFIELD

FW\_APP2\_FW\_A2\_TITLE }= "Ms"  }Ms. {

FORMCHECKBOX } Other { FORMTEXT }

First name(s)

{ MERGEFIELD FW\_APP2\_FW\_A2\_FNAME } { MERGEFIELD  
FW\_APP2\_FW\_A2\_MNAME }

Last name

{ MERGEFIELD FW\_APP2\_FW\_A2\_SNAME }

If applicable, additional proposed deputies

**(c) Proposed Deputy**

{ FORMCHECKBOX } Mr.    { FORMCHECKBOX } Mrs.    {  
FORMCHECKBOX } Miss    { FORMCHECKBOX } Ms.    {  
FORMCHECKBOX } Other { FORMTEXT }

First name(s)    { FORMTEXT }

Last name    { FORMTEXT }

**(d) Proposed Deputy**

{ FORMCHECKBOX } Mr.    { FORMCHECKBOX } Mrs.    {  
FORMCHECKBOX } Miss    { FORMCHECKBOX } Ms.    {  
FORMCHECKBOX } Other { FORMTEXT }

First name(s)    { FORMTEXT }

Last name    { FORMTEXT }

1.2    { IF { MERGEFIELD FW\_INSTR\_FW\_APP\_JOINT }= "Sole Deputyship"   }Sole deputyship { IF { MERGEFIELD FW\_INSTR\_FW\_APP\_JOINT }= "Joint Deputyship"   }Joint deputyship { IF { MERGEFIELD FW\_INSTR\_FW\_APP\_JOINT }= "Jointly and Severally"   }Joint and several deputyship

**Section 2 - Enduring power of attorney or lasting power of attorney**

2.1    Has the person to whom the application relates granted a power of attorney, enduring power of attorney or lasting power of attorney?    { FORMCHECKBOX } Yes    { FORMCHECKBOX } No  
  
{ FORMCHECKBOX } Don't know

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

	Date made	Date registered
{ FORMCHECKBOX } Enduring power of attorney	{ FORMTEXT }	{ FORMTEXT }

{ FORMCHECKBOX } Lasting power of attorney property and financial affairs

{ FORMTEXT }

{ FORMTEXT }

{ FORMCHECKBOX } Lasting power of attorney health and welfare

{ FORMTEXT }

{ FORMTEXT }

2.2 Please state the name(s) and address(es) of the attorney(s) named in the power of attorney

**Attorney 1**

Name

Address

**Attorney 2**

Name

Address

**Attorney 3**

Name

Address

2.3 Has the power of attorney been registered?

{  
FORMCHECKBO  
X } Yes {  
FORMCHECKBO  
X } No

{  
FORMCHECKBO  
X } Don't know

If Yes, please explain why the appointment of a deputy is sought

If No, please explain why an application to register the power of attorney has not been made

{ FORMTEXT }



{ FORMTEXT }

4.3 Please give details below of all income including social security benefits that the person to whom the application relates is entitled.

Income	Annual amount	Social security benefits	Annual amount
Earnings	£{ FORMTEXT }	State retirement pension	£{ FORMTEXT }
Occupational pension	£{ FORMTEXT }	Pension credit	£{ FORMTEXT }
Other pensions	£{ FORMTEXT }	Attendance allowance	£{ FORMTEXT }
Annuities	£{ FORMTEXT }	Severe disablement allowance	£{ FORMTEXT }
Other income	£{ FORMTEXT }	Disability living allowance	£{ FORMTEXT }
Trust	£{ FORMTEXT }	Incapacity benefit	£{ FORMTEXT }
Interest	£{ FORMTEXT }	Income support	£{ FORMTEXT }
Investment income	£{ FORMTEXT }	Council tax benefit	£{ FORMTEXT }
{ FORMTEXT }	£{ FORMTEXT }	Child benefit	£{ FORMTEXT }
{ FORMTEXT }	£{ FORMTEXT }	Other benefits	£{ FORMTEXT }
<b>Total</b>	£{ FORMTEXT }	<b>Total</b>	£{ FORMTEXT }

**Interest in a deceased's estate**

4.4 Does the person to whom the application relates have any interest in the estate of someone who has died? { FORMCHECKB OX } Yes { FORMCHECKB OX } No

If No, go to Section 4.5

Name of deceased

{ FORMTEXT }

Name of executor/administrator

{ FORMTEXT }

Approximate value of interest in estate

{ FORMTEXT }

Is an order required to allow the proposed deputy to obtain a grant in order to deal with the estate of the deceased? { FORMCHECKB OX } Yes { FORMCHECKB OX } No

**Damages and criminal injuries compensation**

4.5 Has a claim been made for an award for damages or, for compensation from the Criminal Injuries Compensation Authority or is such a claim { FORMCHECKB OX } Yes { FORMCHECKB OX } No

likely to be made? If No, go to Section 4.5

If Yes, please give details, including the name and address of solicitors involved, the present position regarding the litigation, the likely value of the claim and details of any interim payments that have been, or are going to be, made.

{ FORMTEXT }

4.6 If a final award has been made please provide details { FORMCHECKB OX } Copy of final order enclosed

{ FORMTEXT }

4.7 If the award is in excess of £500,000 please annex a brief statement providing the following details:

- (1) Any proposed major capital expenditure (e.g. property)
- (2) A budget setting out annual income and the projected annual costs of care
- (3) Investment proposal in outline if known

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

{  
FORMCHECKB  
OX } Yes {  
FORMCHECKB  
OX } No

(You must include any money held at the Court Funds Office)

If No, go to Section 4.9

Bank/Building Society (or similar accounts)	Account Number	Type of account	Names on the account	Balance
{ FORMTEXT }	{ FORMTEXT }	{ FORMTEXT }	{ FORMTEXT }	{ FORMTEXT }
{ FORMTEXT }	{ FORMTEXT }	{ FORMTEXT }	{ FORMTEXT }	{ FORMTEXT }
{ FORMTEXT }	{ FORMTEXT }	{ FORMTEXT }	{ FORMTEXT }	{ FORMTEXT }
{ FORMTEXT }	{ FORMTEXT }	{ FORMTEXT }	{ FORMTEXT }	{ FORMTEXT }
{ FORMTEXT }	{ FORMTEXT }	{ FORMTEXT }	{ FORMTEXT }	{ FORMTEXT }
				<b>Total</b> { FORMTEXT }

Continue on separate sheet if necessary

4.9 Does any other person or organisation (other than those already mentioned) hold money for, or owe money to, the person to whom the application relates?

{  
FORMCHECKB  
OX } Yes {  
FORMCHECKB  
OX } 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, or the amount owed and reason for loan.

{ FORMTEXT }

### Investments

4.10 Does the person to whom the application relates own any investments such as stocks and shares, unit trusts, bonds etc?

{  
FORMCHECKB  
OX } Yes {  
FORMCHECKB

If Yes, please provide an approximate value of the investments held and the name of the fund manager (if applicable)

OX } No

{ FORMTEXT }

**Total** { FORMTEXT }

**Land and property**

4.11 Does the person to whom the application relates own any land or property? { FORMCHECKB OX } Yes { FORMCHECKB OX } No

If Yes, please enter details below

If No, go to Section 4.13

**Property 1 – address**

{ FORMTEXT }

Market value { FORMTEXT }

Balance of any outstanding mortgage or other legal charge (e.g. equity release) { FORMTEXT }

If the property is not owned solely by the person to whom the application relates please provide the following information:

How is the property held? { FORMCHECKB OX } Joint tenants

Name and address of the co-owner(s): { FORMCHECKB OX } Tenants in common

1 Name { FORMTEXT }

Address { FORMTEXT }

2 Name { FORMTEXT }

Address { FORMTEXT }

3 Name { FORMTEXT }

Address { FORMTEXT }

What is the percentage share to which the person to whom the application relates entitled?

{ FORMTEXT }%

**Property 2 – address**

{ FORMTEXT }

Market value

{ FORMTEXT }

Balance of any outstanding mortgage or other legal charge (e.g. equity release)

{ FORMTEXT }

If the property is not owned solely by the person to whom the application relates please provide the following information:

How is the property held?

{  
FORMCHECKB  
OX } Joint tenants

Name and address of the co-owner(s):

{  
FORMCHECKB  
OX } Tenants in common

1 Name { FORMTEXT }

Address { FORMTEXT }

2 Name { FORMTEXT }

Address { FORMTEXT }

3 Name { FORMTEXT }

Address { FORMTEXT }

What is the percentage share to which the person to whom the application relates entitled?

{ FORMTEXT }%

4.12 Is authority sought to sell the property (properties)?

If Yes and there is more than one property, please specify which property is to be sold

{  
FORMCHECKB  
OX } Yes {  
FORMCHECKB  
OX } No

{  
FORMCHECKB  
OX } 1 {  
FORMCHECKB  
OX } 2 {  
FORMCHECKB  
OX } 3

If No, please set out proposals for dealing with the property (properties) below:

{ FORMTEXT }

**Important**

If a property is held in joint names, the deputy, when appointed, will not have the legal authority to deal with its sale. This also applies when a property is held as tenants in common and the co-owner is deceased. Please refer to guidance notes for further information.

**Personal possessions**

4.13 Please provide details of any possessions with an approximate overall value in excess of £10,000 (e.g. paintings, antiques, collections)

{ FORMTEXT }

**Total value** { FORMTEXT }

**Business**

4.14 Does the person to whom the application relates own or have any interest in a business? { FORMCHECKB OX } Yes { FORMCHECKB OX } No

If Yes, please provide the following:

a) the name and nature of the business and its legal status, e.g. partnership, sole trader etc.

b) the approximate value of the business

c) the value of the share owned by the person to whom the application relates and their role in the business

d) a draft of any directions or order sought in relation to the business

{ FORMTEXT }

**Expenditure**

4.15 Please provide details of the annual costs of care (maintenance) { FORMTEXT }

Where the person to whom the application relates lives in a nursing/care home, are they liable to contribute towards the cost? { FORMCHECKB OX } Yes { FORMCHECKB OX } No

If Yes, what is the weekly amount? { FORMTEXT }

**Debts and money owed**

4.16 Does the person to whom the application relates have any outstanding debts in excess of £1,000? { FORMCHECKB OX } Yes { FORMCHECKB OX } 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.

Creditor	Amount
{ FORMTEXT }	{ FORMTEXT }
{ FORMTEXT }	{ FORMTEXT }
{ FORMTEXT }	{ FORMTEXT }
{ FORMTEXT }	{ FORMTEXT }
{ FORMTEXT }	{ FORMTEXT }

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Total	{ FORMTEXT }
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## Section 5 – Visits

Please provide details of who visits the person to whom the application relates and how often.

{ FORMTEXT }

## Section 6 - Other information

Please provide any background or additional information which you think might be relevant, or of assistance to the court, when making its decision, including consideration of section 4(6) of the Mental Capacity Act 2005.

{ FORMTEXT }

## Section 7 - 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**

{ MERGEFIELD  
CALCULATION\_FEE\_EARNER\_DESCRIPTION }

**Name**

{ IF { MERGEFIELD  
FW\_APP2\_FW\_A2\_SNAME }  
<> "" { MERGEFIELD  
CALCULATION\_FEE\_EARNER  
\_DESCRIPTION } "" }

**Date**

{ FORMTEXT }

**Date**

{ FORMTEXT }

**Name  
of firm**

{ MERGEFIELD  
PRACTICEINFO\_PRACTICE\_NAME }

**Name  
of firm**

{ IF { MERGEFIELD  
FW\_APP2\_FW\_A2\_SNAME }  
<> "" { MERGEFIELD  
PRACTICEINFO\_PRACTICE\_N

AME } ""}

**Position  
or office  
held**

{ MERGEFIELD  
CALCULATION\_STATUS\_DESCRIPTION }

**Position  
or office  
held**

{ IF { MERGEFIELD  
FW\_APP2\_FW\_A2\_SNAME }  
<> "" { MERGEFIELD  
CALCULATION\_STATUS\_DES  
CRPTION } "" }

\* Please delete the options in brackets that do not apply.

**If there are more than 2 applicants, please continue on a separate sheet.**

## **COP1A Notes**

### **Guidance notes on completing form COP1A Annex A: Supporting information for property and financial affairs applications**

#### **Please read the following notes before completing Annex A**

You must complete and file this annex to form COP1 if your application relates to property and affairs matters. This includes applications to appoint a deputy for property and affairs.

If your application relates to another matter then you may need to complete a different annex. Refer to Section 1 of form COP1 and the notes to form COP1 for information on what forms to complete.

#### **Completing form Annex A**

Please ensure that you provide all relevant information to support your application. If you do not have full details of bank/building society accounts and investments you may need to apply to the court for an interim order to obtain these details.

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.

#### **What you need to do next**

When you have completed this form, you will need to consider what other forms and documents you need to complete. 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](http://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](http://www.gov.uk/court-of-protection)