Statement verified on Affidavit

**Applicant Details**

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| --- | --- |
| Applicant Name: |  |
| Applicant’s Solicitor: |  |
| Legal Aid Certificate Number: |  |
| Full name of Relevant Person/ward of court: |  |
| RP/WOC record number: |  |
| Address of ward of court: |  |
| Date of birth: |  |
| Residence type: |  |
| Name of Committee of  the person of RP/WOC: |  |
| Name of Committee  of the estate of RP/WOC: |  |
| Relationship of Committee  member/members to ward: |  |
| Name of Guardian ad Litem/  Independent Solicitor appointed: |  |

1. **Relevant medical and personal background (300 words max):**

Please give details of the medical and personal background of RP/WOC:

Example medical: suffers from Alzheimer's, paranoid delusions, self harm etc.

Example personal background: brought into wardship after sustaining a severe head injury which caused brain damage

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1. **Affidavit of Verification Details:**

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| Date of affidavit of verification: |  |
| Deponent Name (s): |  |

1. **Supporting Documents Details:**

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| --- | --- |
| Date of Declaration Order: |  |
| Confirm a copy of this document in included | YES |
| Date of most recent Detention  Order (where applicable): |  |
| Confirm you have appended a copy to this form (where applicable): | YES |
| Date of most recent Placement  Order (where applicable): |  |
| Confirm you have appended a copy to this form, if applicable | YES |
| Confirm that you have appended a copy of the statement of assets to this form | YES |

Please give details of the orders (write 1-2 lines):

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| --- | --- | --- |
| Does RP/WOC have any other relevant orders in place e.g. medical treatment orders or orders restricting the rights of certain third parties to visit RP/WOC etc? If so, please include a copy of these orders. | YES | NO |

If yes, please give details of these orders (write 1-2 lines):

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1. **Estate/inheritance:**

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| --- | --- | --- |
| Is there a current Grant of Probate issued to the Committee? | YES | NO |
| Date of issue: |  |  |
| Is RP/WOC a beneficiary in an estate awaiting distribution? | YES | NO |

1. **Litigation** details (other than the wardship proceedings, if applicable):

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| --- | --- |
| Record number(s): |  |

Provide details of these cases including an up-to-date position of proceedings:

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1. **Court Medical reports:**

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| --- | --- |
| Name of medical visitor/registered medical practitioner: |  |
| Qualifications of medical  visitor/registered medical practitioner: |  |
| Date of Functional Capacity Assessment: |  |
| Confirm that you have appended a copy to this form | Yes |
| Dates of all other relevant medical  visitor reports (medical visitor report for wardship application): |  |

1. **Medical reports provided by other parties, if applicable**

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| --- | --- |
| Name of Medical Practitioner: |  |
| Qualifications of Medical Practitioner: |  |
| Date of latest medical report: |  |
| Dates of all other Practitioner reports (medical visitor report for wardship application): |  |

1. **Nature of relief sought:**

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| --- | --- |
|  | Discharge |
|  | Discharge with Co-decision-maker |
| Name of Co-decision-maker (if applicable): |  |
|  | Discharge with Decision Making Representative (DMR) |
| Name of Decision Making Representative (if applicable): |  |
|  | Decision Support Service to nominate panel member DMR |
| Name of panel nominee 1 (if applicable): |  |
| Name of panel nominee 2 (if applicable): |  |

1. **Service:**

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| --- | --- |
| Names of parties served: |  |
| Date of service: |  |
| Name and status of any other  notice party such as any  solicitor on record  (e.g. GAL/Independent Social  Worker/advocate): |  |

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| --- | --- |
| Please confirm that the affidavit of service includes the response of RP/WOC of court by ticking the box: |  |
| Please confirm that the affidavit of service includes an averment in respect of efforts made by the deponent to explain the nature of the papers served on RP/WOC and records the will and preference of the ward by ticking the box |  |

**Confirm the following in relation to explanation and service:**

(Please read section 8(7) of the Assisted Decision Making (Capacity) Act)

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| --- | --- |
| Explanation of the discharge application |  |
| All responses of RP/WOC in respect of the application |  |
| Efforts to encourage and facilitate participation in the hearing (section 139) |  |
| Steps taken to improve RP/WOC's ability to participate in the hearing |  |
| Explanation of the functional capacity report and its recommendation in plain English |  |

1. **Will & Preference**

**Co-Decision Maker Support**

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| --- | --- |
| RP/WOC choice of Co-Decision Maker |  |
| Co-Decision Makerwilling and able to act |  |
| Any other expressed will & preference |  |

**Decision Making Representative**

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| --- | --- |
| RP/WOC choice of Decision Making Representative |  |
| Decision Making Representative willing and able to act |  |
| Confirmation of eligibility under s.39 |  |
| If ineligible an alternative DMR proposed by RP/WOC |  |
| Any other expressed will & preference |  |

1. **Additional Information to Include any Financial Proposal**

If you need extra space to complete your application, please continue writing your answer below, clearly marking which question you are referring to.

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**Affidavit of Verification**

I, A.B., of ....... make oath and say as follows:—

1. I am the solicitor appointed pursuant to Legal Aid Certificate no. issued to [insert name] and instructed by [insert Ctte/WOC/RWOC] to bring the discharge from wardship applications pursuant to s. 54(2) Assisted Decision Making (Capacity) Act, 2015 (as amended).
2. I beg to refer to the statement of facts herein upon which marked with the letter "A" I have signed my name before swearing this affidavit.

3. The statements made therein as relate to my own acts and deeds are true and such of the said statements as relate to the acts and deeds of any other person or persons I believe to be true.

Sworn, &c.