



# Public authority deputy fees insert



## How to complete this form

**PLEASE WRITE IN CAPITAL LETTERS USING A BLACK PEN**

Mark your choice with an X

If you make a mistake, fill in the box completely and then mark the correct choice with an X

If a question does not apply to you, leave it blank and go to the next question

Cymraeg: this form is also available in Welsh. Email [customerservices@publicguardian.gov.uk](mailto:customerservices@publicguardian.gov.uk)



# Guidance

Fill in this insert and send a copy of it to us with your completed deputy report form. This will help us make sure all public authority deputy fees charged to the client are in line with Court of Protection Practice Direction PD19B.

## Public authority deputy standards

We expect you, as a public authority deputy, to meet these standards.

## Delegating a signature to someone with authority

Only these types of deputy can delegate specific tasks to other staff:

- a solicitor
- the Director of Adult Services in England
- the Director of Social Services in Wales

If you delegate a task, you are still responsible for any actions or decisions and accountable for any errors.

## More information

Court of Protection Practice Direction PD19B: download it from  
[www.judiciary.gov.uk/publications/19b-fixed-costs-in-the-court-of-protection](http://www.judiciary.gov.uk/publications/19b-fixed-costs-in-the-court-of-protection)

Public authority deputy standards: download it from  
[www.gov.uk/government/publications/office-of-the-public-guardian-deputy-standards](http://www.gov.uk/government/publications/office-of-the-public-guardian-deputy-standards)

**Get started on the  
next page...**





# Standard report form insert for public authority deputies

## Section 1

### Case information

Case number

**Where to find this number**

Every letter from us will have your case number: look for 'OPG reference'.

### Reporting period

Start date

Day

Month

Year

End date

Day

Month

Year

**Your reporting period**

Check the letter that came with this form: your reporting period is highlighted in bold.

## Section 2

### Charges

Have you charged the client any fees for your services during the reporting period?

Yes  No

If No, tell us why.



# Section 3

## Fees and expenses

Tell us about any fees or expenses you've claimed from the client's funds.

	Total for reporting period
Work up to and including date court order made	£ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Annual management fee	£ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Annual property management fee	£ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Preparing and lodging the annual report	£ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Other (tell us more below)	£ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<b>TOTAL</b>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

If you've claimed other expenses, tell us more with a full breakdown.



OPG106

## Section 4

# Deputy's declaration

I confirm that the information I have given in this report is true and correct to the best of my knowledge and belief. I understand I have obligations to the Court of Protection and the Office of the Public Guardian and that if I knowingly provide false or misleading information there may be legal consequences.

I am signing this report on behalf of myself and each of the deputies named in the court order (unless I have stated otherwise and provided reasons).

I confirm that I have had regard to the Mental Capacity Act 2005, its Code of Practice, the Deputy Standards and the court order in this case. I understand the duties and obligations placed on me.

Deputy's signature

Name of signatory

Date

Day

Month

Year

Check this box if you are not signing on behalf of all deputies (if there is more than one deputy).

Tell us why.

**Send to:**

**Office of the Public Guardian  
PO Box 16185  
Birmingham B2 2WH**

