

Affidavit	Sworn by (name of deponent)
	Affidavit 1st 2nd 3rd Other
	Filed on behalf of (name of party)
	Date sworn
ase no.	
ull name of person to whom the application relates his is the person who lacks, or is alleged to lack, capacity	y)

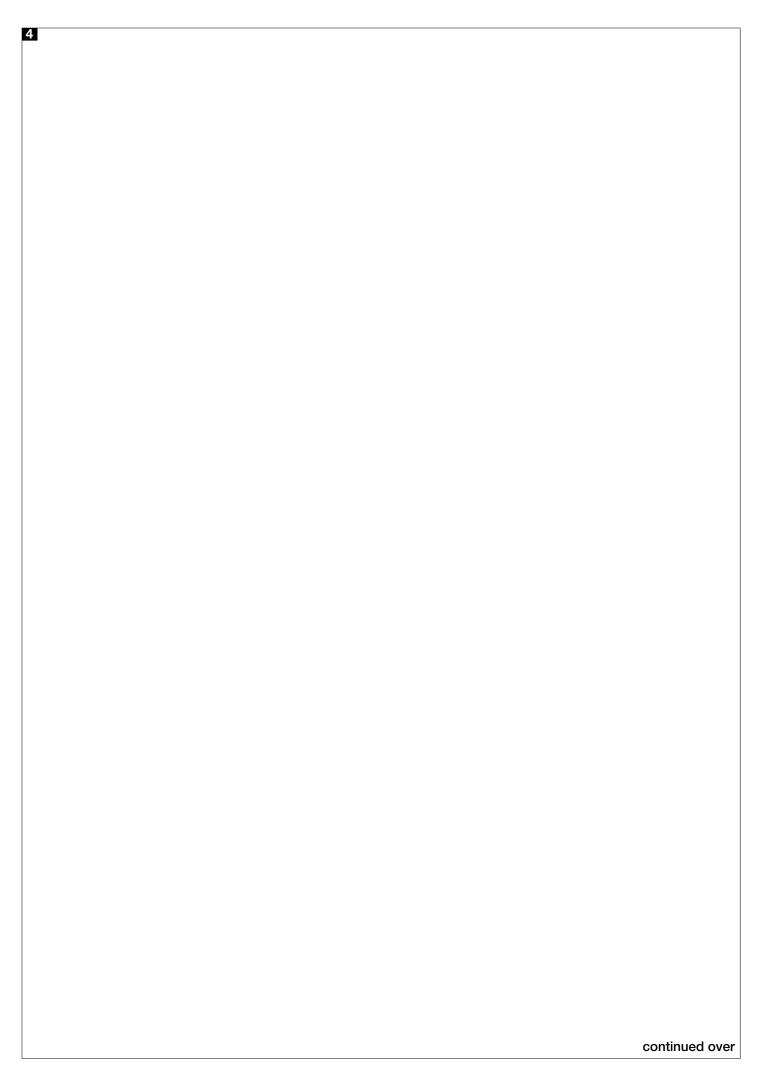
Please read first

- If the court requires that evidence be given by affidavit then it must be included in or attached to this form.
- Only the following may administer oaths:
 - Commissioners for Oaths;
 - practising solicitors;
 - other persons specified by statute;
 - certain officials of the Senior Courts:
 - a circuit judge or district judge;
 - any justice of the peace;
 - certain officials of the county court appointed for the purpose.
- Practice Direction A accompanying Part 14 of the Court of Protection Rules 2017 sets out more detailed requirements in relation to affidavits.

- Please continue on a separate sheet of paper if you need more space to provide the affidavit. Please mark each separate sheet with all of the information provided in the box in the top-right corner of this page.
- For assistance in completing the form please see guidance notes and website: www.gov.uk/court-of-protection
- Court of Protection staff cannot give legal advice. If you need legal advice please contact a solicitor.

Affidavit

1 Enter full name of deponent	l, 1				
2 Enter occupation or description	2				
address including postcode or, if making the affidavit in your professional, business or other occuptional capacity, the position you hold, the name of your firm or employer and the address at which you work		am a party to the proce am employed by a par	_		
	and	d state on oath or	do solemnly and sir	ncerely affirm	
 Set out in numbered paragraphs indicating: which of the statements are from your own knowledge and which are matters of information or belief, and the source for any matters of information or belief. Where you refer to an exhibit, you should state the identifier you have used. For example, 'I refer to the (description of document) marked Exhibit A' 					
					continued over



4	
Sworn/affirmed by (signature)	
before me (signature)	
,	
Full name	
Tuli Harrie	
Q 1151 11	
Qualifications	
at (address)	
	On (date)

Please return the completed affidavit to the Court of Protection