

# PA8A – Application to stop a grant of representation

Use this form to apply to stop an application for a grant of representation for up to 6 months. This is also known as 'entering a caveat'.

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If you need help filling out this form please call the

**Probate Helpline**  
**0300 303 0648**

We cannot provide legal advice

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You may want to stop an application when:

- you think the person who made the will was being influenced by someone else or was not able to make their own decisions
- you think someone interfered with the will or forged it
- there is a more recent will
- the will was not properly signed and witnessed
- the person applying for probate refuses to share a copy of the will with you
- you are in dispute with the person applying or you think they are not suitable to carry out the instructions in the will
- you think the person applying is not eligible to apply if there is no will (see who inherits if there is no will)
- you are entitled to apply but have not been included in the application
- the person who died got married or entered into a civil partnership after the will was signed

These are the most common reasons, but there may be others too.

You should always try to come to an agreement with the person applying for probate before you stop their application.

You may want to talk to a solicitor or contact Citizens Advice for legal advice.

**You may have to pay legal costs if you stop an application without a good reason.**

Once your application is received, it takes one working day to stop applications in progress.

If an application is approved on the same day you make the request, it will not be stopped. But you will stop any future applications for probate made on the estate for 6 months.

You will need:

- an address in England or Wales where legal papers can be sent to you
- the full name of the person who died (and any other names they were known by)
- the exact date they died

## Fees

It costs £3 to stop an application for 6 months.

You will need to apply again if you want to stop the application for a further 6 months.

Make your cheque/Postal Order payable to 'HMCTS'.

## What happens next

We'll send you a notification to confirm we've received your application to stop a grant of probate.



4. What is the full name of the person who has died?

Title

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First name(s)

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Middle name(s)

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Last name

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5. What date did they die?

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6. Do you know the date of birth of the person who has died?

Yes, **their date of birth is**

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No

7. Was the person who died known by any other names?

Yes, please give details in the box below

No

Don't know

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8. What was the permanent address of the person who died?

Building and street

Second line of address

Town or city

County (optional)

Postcode

9. Signature

Day

Month

Year

**Please send your completed form and payment to:**

**HMCTS Probate**

PO BOX 12625

Harlow

CM20 9QE

**Phone** 0300 303 0648

**Email** [contactprobate@justice.gov.uk](mailto:contactprobate@justice.gov.uk)

# Equality and diversity questions (optional)



- **These are optional questions about you**
- **Your answers will not affect your case**
- **We will not share your answers with anyone involved in your case**

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These questions should be answered by one executor.

If you are a legal professional completing the form on behalf of an executor don't answer the questions.

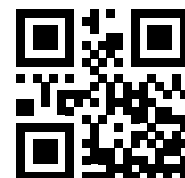
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Your answers will help us check we are treating people fairly and equally.

## How to complete these questions

1. Answer the questions on the next four pages. You can always choose 'prefer not to say' or leave them blank.
2. Send one copy of the completed questionnaire with your application to:  
HMCTS Probate  
PO BOX 12625  
Harlow  
CM20 9QE

## Equality and diversity questions



1. What is your main language?

- English or Welsh, **go to question 3**
- Other, give details (including British sign language)

- Prefer not to say, **go to question 3**

2. If you have answered 'Other' in question 1, how well can you speak English?

- Very well
- Well
- Not well
- Not at all
- Prefer not to say

3. What is your religion?

- No religion
- Christian (all denominations)
- Buddhist
- Hindu
- Jewish
- Muslim
- Sikh
- Any other religion, please describe

- Prefer not to say

4. What is your date of birth?

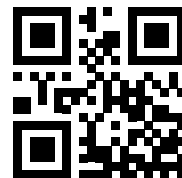
Day

Month

Year

- Prefer not to say

5. What is your ethnic group?



Prefer not to say

**White**

English, Welsh, Scottish, Northern Irish or British

Irish

Gypsy or Irish Traveller

Any other White background, please describe

**Mixed/Multiple ethnic groups**

White and Black Caribbean

White and Black African

White and Asian

Any other Mixed/Multiple ethnic background, please describe

**Asian/Asian British**

Indian

Pakistani

Bangladeshi

Chinese

Any other Asian background, please describe

**Black/African/Caribbean/Black British**

African

Caribbean

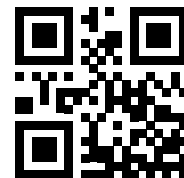
Any other Black/African/Caribbean background, please describe

**Other ethnic group**

Arab

Any other ethnic group, please describe

6. Do you have any physical or mental health conditions or illnesses lasting or expected to last 12 months or more?



- Yes, **go to question 7**
- No, **go to question 9**
- Prefer not to say, **go to question 9**

7. If Yes, do any of your conditions or illnesses reduce your ability to carry out day-to-day activities?

- Yes, a little, **go to question 8**
- Yes, a lot, **go to question 8**
- Not at all, **go to question 9**
- Prefer not to say, **go to question 9**

8. Do any of these conditions or illnesses affect you in any of the following areas?

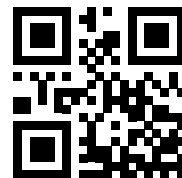
Tick all options that apply

- Vision** – for example blindness or partial sight
- Hearing** – for example deafness or partial hearing
- Mobility** – for example walking short distances or climbing stairs
- Dexterity** – for example lifting and carrying objects, using a keyboard
- Learning or understanding or concentrating**
- Memory**
- Mental health**
- Stamina or breathing or fatigue**
- Socially or behaviourally** – for example associated with autism, attention deficit disorder or Asperger’s syndrome
- Other, please specify**
- None of the above**



9. Are you currently pregnant or have you been pregnant in the last year?

- Yes
- No
- Prefer not to say



10. Which of the following options best describes how you think of yourself?

- Heterosexual or Straight
- Gay or Lesbian
- Bisexual
- Other, please describe

- Prefer not to say

11. What is your sex?

- Male
- Female
- Prefer not to say

12. Is your gender the same as the sex you were registered at birth?

- Yes
- No, my gender is

- Prefer not to say

13. Are you married or in a legally registered civil partnership?

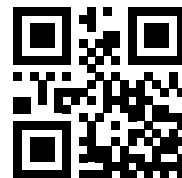
- Yes
- No
- Prefer not to say

**Thank you for answering these questions**

**Send this questionnaire back with your completed application**

## **Privacy notice**

By submitting your answers, you agree that we can collect your information. We'll use it to help us meet our commitment to equality under the Equality Act 2010. You can withdraw your consent or change your answers at any time, see information below in our privacy notice.



For details of the standards we follow when processing your data, please visit the following address <https://equality-and-diversity.platform.hmcts.net/privacy-policy>

To receive a paper copy of this notice, please call 0300 303 0648

## **Alternative formats**

If you need this form in an alternative format, for example in large print, call 0300 303 0648