



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



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. In particular, pay attention to 3a (10): Carry out regular billing of deputy's costs in line with the fixed costs practice direction.

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

Public authority deputy standards: download it from 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 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 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

