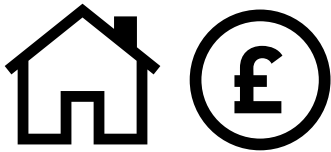




Deputy report form



Property and financial decisions

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 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.gsi.gov.uk



How to fill in this form

Make sure you've got:

- your financial records (for example, bank statements or spreadsheets)
- your record of any decisions you've made for the client
- your record of anyone you've contacted for the client

More than one deputy?

You only need to fill in one copy of this form. This applies if you make decisions together (usually called 'jointly') or separately and together (usually called 'jointly and severally'). However, you should consult with the other deputies and make sure they see a copy of your report.

More information

Make sure you answer the questions in this form as fully as possible. We may still need to contact you for more information – by telephone, email, in writing or by arranging a visit.

Your privacy

We will treat any information you give us in line with the General Data Protection Regulation (GDPR) and the Data Protection Act 2018. This means we won't give it to anyone else unless we have a safeguarding concern or we have to apply to the Court of Protection, when it would be available to anyone involved in the court proceedings. Find out more: go to GOV.UK and search for "OPG privacy".

'You' and the 'client'

When you see the word 'you' in this form, it means the deputy who is filling in the deputy report form. Where you see the word 'client', it means the person you were appointed to help make decisions.

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





Has the client's mental capacity to make financial decisions:

changed stayed the same

If the client's mental capacity to make financial decisions changed, tell us more here.

When was the client's mental capacity to make decisions last assessed by a professional (such as a psychiatrist or social worker)?

Month

Year

Significant decisions

List the decisions you made, such as buying or selling property, making gifts or changing the client's care home. Tell us how you involved the client in those decisions. If you couldn't, tell us why under 'client involvement'.

Deputy decisions

Client involvement

Need more space? Use the extra sheet supplied with this form.

Check this box if you did not make any significant decisions and tell us why.



Section 3

People you consulted

Helpline
0300 456 0300



Give details of people who helped you make significant decisions as a deputy, such as a GP, solicitor, accountant, family members, care workers.

For example: "John Smith", "Accountant", "To prepare accounts for the deputy report"

Full name <input type="text"/>	Relationship to the client <input type="text"/>
Address <input type="text"/> <input type="text"/> <input type="text"/>	Why did you consult them? <input type="text"/>
Postcode <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"/>	

Full name <input type="text"/>	Relationship <input type="text"/>
Address <input type="text"/> <input type="text"/> <input type="text"/>	Why did you consult them? <input type="text"/>
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Full name <input type="text"/>	Relationship <input type="text"/>
Address <input type="text"/> <input type="text"/> <input type="text"/>	Why did you consult them? <input type="text"/>
Postcode <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"/>	

Check this box if you did not consult anyone and tell us why.

Need to add more people? Use the extra sheet supplied with this form.



Section 4

Safeguarding

Helpline
0300 456 0300



Tell us about how the client is cared for and what contact they have with you and other people. We need to know how you check whether their needs are met. We ask this because the Office of the Public Guardian has a duty to protect people who don't have the mental capacity to make decisions for themselves.

Contact with the client

Do you live with the client?

Yes No

If No, how often do you or other deputies contact the client?

	Visits	Phone and video calls	Letters and emails
Every day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At least once a week	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At least once a month	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
More than twice a year	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Once a year	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Less than once a year	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How often does the client see other people?

Think about people who don't live or work where the client lives and would tell you if they had a concern about the client.

Every day At least once a month Once a year
 At least once a week More than twice a year Less than once a year

Is there anything else you want to tell us? (optional)



Section 5

Care arrangements and benefits

Helpline
0300 456 0300



Care arrangements

Does the client receive care which is paid for?

This includes private residential care or home visits from a care worker – but not help from unpaid carers such as family and friends.

Yes No

If Yes, how is the care funded?

- Client pays for all their own care
- Client gets some financial help (for example, from the local authority or council, or NHS)
- All care is paid for by someone else (for example, by the local authority or council, or NHS)

Who is doing the caring?

For example, local authority or private residential care, live-in or visiting care workers

If there is a care plan, when was it last reviewed?

Month Year

There is no care plan

What State Pension and benefits does the client receive?

- | | |
|--|--|
| <input type="checkbox"/> Employment Support Allowance/Incapacity Benefit | <input type="checkbox"/> Severe Disablement Allowance |
| <input type="checkbox"/> Income Support/Pension Guarantee Credit | <input type="checkbox"/> Disability Living Allowance |
| <input type="checkbox"/> Income-related Employment and Support Allowance | <input type="checkbox"/> Attendance Allowance |
| <input type="checkbox"/> Income-based Job Seeker's Allowance | <input type="checkbox"/> State Pension |
| <input type="checkbox"/> Housing Benefit | <input type="checkbox"/> Personal Independence Payment |
| | <input type="checkbox"/> Universal Credit |

Other benefits



Section 6

Client's accounts

Helpline
0300 456 0300



Tell us the balances of the client's main bank accounts at the start and finish of the reporting period.

Use the client's bank statements to find this information.

Bank/building society name <input type="text"/>	Account type <input type="text"/>	Opening balance £ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
Branch sort code <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"/>	Last four digits of account number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Closing balance £ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
Bank/building society name <input type="text"/>	Account type <input type="text"/>	Opening balance £ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
Branch sort code <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"/>	Last four digits of account number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Closing balance £ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>

Section 7

Money paid in and out of the client's accounts

Tell us about how you have managed the client's money during this reporting period. We need this information to understand the client's financial situation.

Tell us about the different categories of money paid into and out of the client's accounts.

Money paid in

State pension and benefits <input type="checkbox"/>	Salary or wages <input type="checkbox"/>
Bequests, eg inheritance, gifts received <input type="checkbox"/>	Compensations and damages awards <input type="checkbox"/>
Income from investments, dividends, property rental <input type="checkbox"/>	Personal pension <input type="checkbox"/>
Sale of investments, property or assets <input type="checkbox"/>	

Money paid out

Accommodation costs, eg rent, mortgage, service charges <input type="checkbox"/>	Client's personal allowance <input type="checkbox"/>
Care fees or local authority charges for care <input type="checkbox"/>	Professional fees, eg solicitor or accountant fees <input type="checkbox"/>
Holidays and trips <input type="checkbox"/>	New investments, eg buying shares, new bonds <input type="checkbox"/>
Household bills, eg water, gas, electricity, phone, council tax <input type="checkbox"/>	Travel costs, eg bus, train, taxi fares <input type="checkbox"/>



Section 7 – Money paid in and out of the client’s accounts – continued

Helpline
0300 456 0300



List all one-off payments over £1,000

You may find it easier to use the client’s bank statements to find this information.

Don’t tell us about any regular payments, such as care home fees.

Paid in

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Paid out

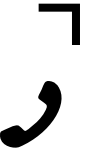
Description	Value
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Need more space? Use the extra sheet supplied with this form.



Section 7 – Money paid in and out of the client’s accounts – continued

Helpline
0300 456 0300



Deputy expenses

Have you claimed any deputy expenses during this reporting period?

Yes No

If Yes, give us the total amount you have claimed.

£ .

Tell us about the expenses you have claimed for.

Gifts

Have you given any gifts to other people on behalf of the client during this reporting period?

Yes No

If Yes, give us the total value of the gifts you have given.

£ .

Tell us who the gifts were for and what the occasion was.



Section 8 Client's assets

Helpline
0300 456 0300



Property

Address

Postcode

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Who lives at this property?

- Client
- Client's spouse/partner/civil partner
- Client's parent(s)
- Client's children/other dependants
- Property is empty
- Other (for example, private tenant)

If other tell us more.

Is the property fully or part-owned by the client?

- Fully owned Part-owned

If part-owned, what is the client's share of the property?

%

Is the property subject to an equity release scheme?

- Yes No

Estimated total/full value of property

£ .

Is there an outstanding mortgage?

- Yes No

If Yes, how much is there left to pay?

£ .

Are there any other charges on the property?

For example, local authority charge to recover care fees

- Yes No

Is the property rented out?

- Yes No

If Yes, when does the rental agreement end?

Month Year

Rental income (per month)

£ .

More than one property? Use the extra sheets supplied with this form.



Section 8 - client's assets - continued

Helpline
0300 456 0300



Does the client have any of the following assets? If so, tell us more below.

Give us a total amount for each type of asset.

Type of asset	Total estimated value
Savings and investments (total)	£ <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"/>
Court Funds Office	£ <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"/>
Stocks and shares (total)	£ <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"/>
Premium bonds	£ <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"/>
Vehicles	£ <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"/>
Assets held outside England and Wales	£ <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	£ <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 other, tell us more.



Section 9

Client's debt

Helpline
0300 456 0300



Debts owed by the client

Don't tell us about amounts left to pay on a mortgage. Go back to page 7 to give us this information.

Debts owed	Total value
Care fees (not charged to property)	£ <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"/>
Credit card repayments	£ <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"/>
Loans repayments	£ <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	£ <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 other, tell us more.





Do you expect to make any significant financial decisions on behalf of the client in the next 12 months?

For example, the client moving to other accommodation, buying or selling property or making adaptations to their home, changing their investments, taking funds out of the Courts Funds Office, seeking NHS continuing care funding, making large gifts (such as a 21st birthday present for their child)

Yes (tell us more) No

Do you have any concerns about your deputyship?

For example, paying care home fees if the client's money runs low, managing the client's property, making gifts, other family members' involvement with the client's funds, what expenses you can claim

Yes (tell us more) No



Section 11

Deputy's declaration

Helpline
0300 456 0300



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

Date

Day

Month

Year

Check this box if you are not signing on behalf of all deputies.

Tell us why.

Send to:

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



Extra sheets

If you need to, you can make extra photocopies of these sheets to send with your report.

Extra sheets available:

- Section 2 - Significant decisions
- Section 3 - People you consulted
- Section 7 - One-off payments over £1000
- Section 8 - Client's assets

Decisions made over the reporting period

Significant decisions

Deputy decisions

--

Client involvement

--



Section 3 – Extra sheet

People you consulted

Full name

Address

Postcode

Relationship to the client

Why did you consult them?

Full name

Address

Postcode

Relationship

Why did you consult them?

Full name

Address

Postcode

Relationship

Why did you consult them?

Full name

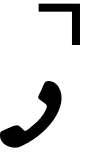
Address

Postcode

Relationship

Why did you consult them?





List all one-off payments over £1,000

You may find it easier to use the client's bank statements to find this information.

Don't tell us about any regular payments such as care home fees.

Paid in

Description	Value
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