





# 

How to complete this form

PLEASE WRITE IN CAPITAL LETTERS USING A BLACK PEN

|X| 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.gov.uk



## Form OPG103

# 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.



**OPG103** Property and financial decisions (07.25)



Postcode

First names

Last name

Day

Telephone number

# Telephone number (optional) Email

First names

Last name

Address

Postcode

## С

Year

lient	details	

## **Reporting period**

**Case number** 

Section 1

Start date							

Month

**Deputy details** 

Year

Deputy and client information

1		
	Day	Month

End date

Where to find this number Every letter from us will have your case number:

look for 'OPG reference'.

Your reporting period

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

## **Deputy report for property** and financial decisions







## Section 2 Decisions made over the reporting period



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)?

#### 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.



Month

Year

## 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	Relationship to the client
Address	Why did you consult them?
Postcode	
Full name	Relationship
Address	Why did you consult them?
Postcode	
Full name	Relationship
Address	Why did you consult them?
Postcode	
<b>Check this box</b> if you did not consult anyone and	d 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 wi	th the client?		
Yes	No		
If No, how oft	en do you or other deputies contact the cli	ent?	
		Phone and	Letters

	Visits	video calls	and emails
Every day			
At least once a week			
At least once a month			
More than twice a year			
Once a year			
Less than once a year			

#### 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**

#### **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 loca	al authority or council, or NHS)			
All care is paid for by someone else (for example, by the lo	cal authority or council, or NHS)			
Who is doing the caring?				
For example, local authority or private residential care, live-in or	r visiting care workers			
If there is a care plan, when was it last reviewed?				
	There is no care plan			
Month Year				
What State Pension and benefits does the client receive?				
Employment Support Allowance/Incapacity Benefit	Severe Disablement Allowance			
Income Support/Pension Guarantee Credit	Disability Living Allowance			
Income-related Employment and Support Allowance	Attendance Allowance			
Income-based Job Seeker's Allowance	State Pension			
Housing Benefit	Personal Independence Payment			
	Universal Credit			

#### Other benefits



## Section 6 Client's accounts

#### 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	Account type	Opening balance
		£
Branch sort code	Last four digits of account number	Closing balance
		£
Bank/building society name	Account type	Opening balance
		£
Branch sort code	Last four digits of account number	Closing balance

## 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		Salary or wages			
Bequests, eg inheritance, gifts received	I 🗌	Compensations and damages awards			
Income from investments, dividends, property rental		Personal pension			
Sale of investments, property or assets					
Money paid out					
Accommodation costs, eg rent, mortgage, service charges		Client's personal allowance			
Care fees or local authority charges for care		Professional fees, eg solicitor or accountant fees			
Holidays and trips		New investments, eg buying shares, new bonds			
Household bills, eg water, gas, electricity, phone, council tax		Travel costs, eg bus, train, taxi fares			



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

#### 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		Valu	e			
	£				].	
	£				].	
	£				].	
	£					
	£				].	
	£				].	
	£				].	
	£				].	

#### Paid out

Description		Valu	е			
	£				•	
	£				•	
	£				•	
	£				•	
	£				•	
	£				•	
	£				•	
	£				•	

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



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

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



### Property

Address	
Postcode	
Who lives at this property?	Estimated total/full value of property
Client	£ . 00
Client's spouse/partner/civil partner	Is there an outstanding mortgage?
Client's parent(s)	Yes No
Client's children/other dependants	If Yes, how much is there left to pay?
Property is empty	£ . 00
Other (for example, private tenant)	Are there any other charges on the property?
If other tell us more.	For example, local authority charge to
	recover care fees
	Yes No
Is the property fully or part-owned by the client?	Is the property rented out?
Fully owned Part-owned	Yes No
If part-owned, what is the client's share of	If Yes, when does the rental agreement end?
the property?	
<b>%</b>	Month Year
	Rental income (per month)
Is the property subject to an equity release scheme?	£ . 0 0
Yes No	

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



#### 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)	£
Court Funds Office	£
Stocks and shares (total)	£
Premium bonds	£
Vehicles	£
Assets held outside England and Wales	£
Other	£
If other, tell us more.	



## Section 9 Client's debt

### 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)	£
Credit card repayments	£ .
Loans repayments	£ .
Other	£

If other, tell us more.



## Section 10 Decisions in the next reporting period

## 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	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

## Section 2 – Extra sheet **Decisions made over the reporting period**

### Significant decisions

**Deputy decisions** 

**Client involvement** 



## Section 3 – Extra sheet **People you consulted**

Full name	Relationship to the client
Address	Why did you consult them?
Postcode	
Full name	Relationship
Address	Why did you consult them?
Postcode	
Full name	Relationship
Address	Why did you consult them?
Postcode	
Full name	Relationship
Address	Why did you consult them?
Postcode	



## Section 7 – extra sheet

#### 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		Valu	ie			
	£					
	£					
	£					
	£					
	£					
	£					
	£				].	
	£					

#### Paid out

Description		Value			
	£			•	
	£			•	
	£			•	
	£				
	£				
	£			•	
	£			[	
	£			[	



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## Section 8 – extra sheet **Client's assets**

### Property

Address	
Postcode	
Who lives at this property?	Estimated total / full value of property
Client	£ . 0 0
Client's spouse/partner/civil partner	Is there an outstanding mortgage?
Client's parent(s)	Yes No
Client's children/other dependants	If Yes, how much is there left to pay?
Property is empty	£ . 0 0
Other (for example, private tenant)	Are there any other charges on the property?
If other tell us more.	For example, local authority charge to
	recover care fees
	Yes No
Is the property fully or part-owned by the client?	Is the property rented out?
Fully owned Part-owned	Yes No
If part-owned, what is the client's share of	If Yes, when does the rental agreement end?
the property?	
<u>%</u>	Month Year
	Rental income (per month)
Is the property subject to an equity release scheme?	£ . 0 0
Yes No	

