



SUPREME COURT FALKLAND ISLANDS

APPLICATION FOR A GENERAL ORDER

IN THE MATTER OF

(A PATIENT)

I of apply to the Supreme Court for an order

Name of Patient	
Address of patient	
Date of birth of patient	
Patient's marital status	
Do you personally visit the patient? If Yes, how frequently	YES "" NO
Does anyone else visit the patient? If Yes, who	YES"" NO
Where the person to whom the application relates lives in his own home, please provide brief details of the arrangements made for domestic assistance and care, and details of any proposed changes	
Is a social worker involved with the patient? If Yes, provide name of social worker with involvement	YES / NO
Has the patient made a Will? If so, in whose possession is it? A copy of any testamentary document should, if possible, accompany the application.	YES / NO
Has the patient at any time granted a Power of Attorney in favour or any person? If so, enter date thereof and full names of the person to whom it was granted. The Power of Attorney should accompany the application	YES / NO

Please provide details of the application you wish to make, including the type of order you wish the court to make and the reasons why you think it is appropriate

Please provide additional background information about the person to whom the application relates that is relevant to your application.

Signed:.....

Name:.....

Date:.....

Name of firm:.....

Position or office held:.....