



SUPREME COURT FALKLAND ISLANDS

SUPPORTING INFORMATION IN FIRST APPLICATION FOR THE APPOINTMENT OF A RECEIVER

IN THE MATTER OF

(A PATIENT)

I _____ of _____ hereby certify as follows:

1. The following information is true and accurate to the best of my knowledge and belief
2. The details of the property given in this my certificate include the whole property belonging to the patient, or in which the patient has any interest.

THE PATIENT Present address	
Home address prior to illness (as appropriate)	
Whether married, single or widowed	
Date of birth	
Previous occupation	
Religion, if known	
NEXT OF KIN Name, addresses and relationship of all the nearest relatives	
INCOME	The approximate net annual income from all sources that the patient should receive if all available cash was invested and after deducting tax is £ a year.
MAINTENANCE Is the patient A) in his own home B) Cared for in sheltered accommodation C) Cared for in the hospital	<i>Please state the weekly or annual cost of maintaining the patient, including clothing and comforts.</i>
If provision is required for the maintenance of any children or spouse, give details	

<p>WILL 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.</p>	
<p>POWER OF ATTORNEY 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</p>	
<p>THE RECEIVER Name of proposed receiver in full</p>	<p><i>If the receiver is the same person as the applicant it is sufficient to insert "applicant"</i></p>
<p>Address</p>	
<p>Age and occupation</p>	
<p>Relationship to patient</p>	
<p>REFeree Name, address and occupation of some person (not a relative, bank or solicitor acting in the manner) to whom reference can be made as to the proposed receiver's fitness to act.</p>	
<p>DRIVING LICENCE Does the patient hold a driving licence?</p>	<p>YES NO</p>
<p>HISTORY OF THE PATIENT <i>A short history of the patient stating what he was doing prior to illness and giving information concerning him or his relatives should be provided to assist the court. Please include details relating to any of the following as applicable:</i></p> <ul style="list-style-type: none"> • <i>Charitable donations</i> • <i>Any proposed sale of portions of the estate</i> • <i>The circumstances giving rise to these proceedings</i> • <i>Where the patient lives in his own home, the arrangements made for the management of the establishment</i> • <i>Name and relationships of any close relatives whose affairs have been subject of an order of the court of protection</i> • <i>If the proposed receiver has been appointed in any other matter please provide the name of the patient concerned</i> 	

INCOME AND ASSETS			
Is the patient entitled to any benefits?		YES NO	
If Yes, are the benefits received by the patient? If No, please give details of who receives the benefits on the patient's behalf		YES NO	
Please give details below of all income including benefits that the patient is entitled to		Income	Annual amount £
		Earnings	
		Pension	
		Annuities	
		Other income	
		Trust	
		Interest	
		Investment income	
		TOTAL	
Does the patient have any interest in the estate of someone who has died? If Yes, please provide details, including approximate value of interest in estate.		YES NO	
Has a claim for an award for damages or compensation been made, or is such a claim likely to be made? If a final award has been made please provide details.		YES NO	
Does the person to whom the application relates have any money held in bank or building society accounts (or similar)?		YES NO	
Bank / building society	Account number and type	Names on account	Balance
		TOTAL	£
Does any other organisation hold money for or owe money to the patient? If Yes, give full details including name, address and amount held.		YES NO	
Does the patient hold any investments, such as shares, bonds etc? If Yes, provide an approximate value of the investments held		YES NO	

Does the patient own any land or property? If Yes, please provide details, including market value and balance of any outstanding mortgage	YES NO
If the property is not owned solely by the patient, please provide details of how the property is held and with whom	
Is authority sought to sell the property?	YES NO
Provide details of personal possessions with an approximate overall value in excess of £10,000	
Does the patient hold any interest in a business If Yes, please provide details of the business, including its legal status, approximate value and value of share that the patient holds.	YES NO
EXPENDITURE Provide details of annual costs of care	
DEBTS AND MONIES OWED Does the patient have any outstanding debts? If Yes, please give details of any debts including the name of creditors and the amount of debt.	YES NO

Signed:.....

Name:.....

Date:.....

Name of firm:.....

Position or office held:.....