



LASTING POWER OF ATTORNEY QUESTIONNAIRE

The purpose of this questionnaire is to gather the information needed to complete your LPA(s). We will need your full name and address etc and those of your attorneys (and replacement attorneys, if any). We will need full names as shown on passports. The information provided must be accurate as the Office of the Public Guardian will reject any LPAs with incorrect information and may charge a further fee for resubmitting the amended forms.

You will need to nominate at least one certificate provider. This is someone who, at the time of the making of the LPA, confirms you understand the document you are signing. This is because the LPA is a powerful document and challenges can occur once a donor has lost capacity. The certificate provider can be someone who has known you for more than two years or a professional specializing in this area e.g. a solicitor, social worker or GP. We will normally be happy to act as your certificate provider.

You will then need either a second certificate provider or you will need to nominate at least one person to be notified when the LPA is registered.

The LPAs need to be signed in a specific order: the donor signs followed by the certificate provider and only then the attorneys and replacement attorneys sign the LPA confirming they would be happy to act. These signatures need to be witnessed.

The LPA making process, including this questionnaire, can seem a little intimidating so please do not hesitate to ask any question you may have.

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Lasting power of attorney questionnaire

1. Personal information

Your full name (As on your passport)	
Other names you are known by	
Your address, including postcode	
Date of birth	
Telephone number(s)	
E-mail address	
Domestic status, eg married, widowed	
Give details of any other Power of Attorney/ Living Will you have	
Occupation	

2. Type of lasting power of attorney

Tick which lasting power you wish to make.

Property & Financial Affairs Lasting Power of Attorney	<input type="checkbox"/>
	<input type="checkbox"/>
Health and Welfare Lasting Power of Attorney	<input type="checkbox"/>

3. Choice of attorney

Consider the following when choosing your attorney:

- They must be over 18 years of age.
- They must not be an undischarged or interim bankrupt person, if you are making a property and financial affairs power.
- They must be absolutely trustworthy and have appropriate skills to make decisions on your behalf.
- They should be people with whom you have a settled and easy relationship and if more than one, who get on with each other well, or who are likely to do so.
- You can appoint one attorney, but it is advisable to appoint more than one to lessen the chance of abuse of the power and ensure continuity in case s/he cannot act.
- They can be family members, friends or your professional adviser, such as your solicitor.
- They must agree to be your attorney and should understand the role they will be fulfilling.
- If they know the people who will be notified on registration, they should have a good relationship with them.
- If you want more than two attorneys, add additional names on a separate sheet:

Attorney 1	
Full name	
Address	
Date of birth	
Telephone number	
Email address	
Relationship to you	
Occupation	

Attorney 2	
Full name	
Address	
Date of birth	
Telephone number	
Email address	
Relationship to you	
Occupation	

Please enter any further replacement attorney's details on a separate page.

4. How do you want them to operate in their role as attorney?

If you have more than one attorney, they can act together (never alone) or together and independently so that they can sometimes sign together and sometimes separately. This works well when the attorneys do not live near to each other, or if one were to retire or die, then the other attorney could still act. If you appoint your attorneys together then the power will end if, for example one dies, loses mental capacity or decides s/he no longer wants to act.

You can 'mix and match' by setting out decisions you want your attorneys to make together and when they can act together or independently. **Financial institutions may not accept such authority, as it can be difficult to work in practice.**

If you appoint your spouse or civil partner, dissolution of your marriage or civil partnership will end their appointment, unless you indicate otherwise.

I would like my attorneys to act (tick the relevant box):

Together	<input type="checkbox"/>
Together and independently	<input type="checkbox"/>
Some matters together and some independently: [PLEASE PROVIDE DETAILS]	

5. Replacement attorneys

You can appoint a replacement attorney to act in place of an original appointed attorney, where he /she is unable to act on a permanent basis, e.g. s/he dies.

Replacement attorney 1	
Full name	
Address	
Date of birth	
Telephone number	
Email address	
Relationship to you	
Occupation	

Replacement attorney 2	
Full name	
Address	
Date of birth	
Telephone number	
Email address	
Relationship to you	
Occupation	

Please enter the details of any further replacement attorneys on a separate page.

6. Restricting how your attorney(s) act?

Without any restrictions your attorney(s) will be able to make decisions that you are able to make over your property and finances; if you are making a property and financial affairs power, or over all your health and welfare; if you are making a personal welfare power.

You may include legally binding restrictions or conditions on how your attorney(s) should make decisions. You do not need to include any. **NB Inclusion of restrictions or conditions can prevent flexibility.** We have starred * the conditions which we would recommend. Where there are restrictions or conditions, an order from the Court of Protection may be necessary for that decision to be made. This may delay the decision and will incur a court fee.

<u>Possible Financial Restrictions/Conditions:</u>	
Preventing your attorney(s) from making gifts e.g birthday presents	
Preventing your attorney(s) from selling/ dealing with your home	
Accounts to be prepared & audited annually by an accountant	
Power to invest in a discretionary management regime *	
Authority to access health and social care records which may relate to financial management decisions*	

<u>Possible Personal Welfare Restrictions/Conditions:</u>	
Restricting your attorney(s) from deciding where you live	
Restricting your attorney(s) from deciding who you have contact with or who has contact with you	
Authority to access health and social care records (separate to the LPA)*	
<i>N.B. If you restrict decisions, care and treatment decisions may still be made without authority provided you lack capacity and the decision is believed to be in your best interest).</i>	
<u>Life Sustaining Treatment:</u>	
You must choose in the welfare power whether you wish your attorney(s) to be able to give or refuse life sustaining medical treatment, which is based on the circumstances at the time and not the treatment. It does not authorise euthanasia.	
Choose by ticking:	
Option A: Give your attorney(s) authority to make these decisions	<input type="checkbox"/>
Option B: Not give your attorney(s) such authority	<input type="checkbox"/>

7. Guidance for your attorney(s)

You may include discretionary guidance for your attorney(s) to assist them with making decisions on your behalf.

We normally recommend writing a letter of guidance to be kept with your LPA as opposed to putting your guidance in the document.

This can include the following:

The people you would like your attorney(s) to consult when making decisions

Your views, beliefs and values that may affect how the attorney(s) makes decisions, such as where you would like to live and with whom and how your money is to be invested and spent.

Set out your guidance here or on a separate sheet

8. Your Will

Do you wish your attorney to be able to see the contents of your Will? They cannot alter the contents of the Will but it will enable them to take in to account your post death wishes when dealing with your estate. If you wish to enable your attorneys to have sight of your Will we will provide a side letter for you to sign.

I WISH my Attorneys to have sight of my Will	
I DO NOT WISH my Attorneys to have sight of my Will	

9. Paying your attorney(s)

Generally, family and friends would not expect to be paid, but they can recover out-of-pocket expenses paid on your behalf. If you have professional attorney(s), they will need to be paid for their work and this will be specifically set out in the power.

10. Notifying people of the registration of the power

You can have one or two certificate providers who confirm you understand the implications of the LPA.

If you choose to have only one certificate provider you need to nominate at least one person who is notified when the LPA is registered.

This can be a friend or a family member who has known you for more than two years or a professional such as your GP, lawyer or social worker who has experience in this area.

You can choose up to 5 people (but not an attorney or replacement attorney) to be notified when the LPA is registered with the Office of the Public Guardian. It is an important safeguard as they can raise concerns on your behalf. Once you have made the power you can only change your mind about the people you have chosen by making a new power. Ideally they should be an adult:

- with whom you are likely to have contact throughout your life, such as a family member or close friend;
- who is interested in your best interests and well being;
- you should tell them that you are naming them and their role and make sure they are happy to be named;
- if you decide that no one is to be notified, you will need to have 2 people to provide a certificate of your understanding (the certificate provider).

Named Person 1	
Full name	
Address	
Date of birth	
Telephone number	
Email address	
Relationship to you	
Telephone No	

Named Person 2

Full name	
Address	
Date of birth	
Telephone number	
Email address	
Relationship to you	

Please enter the details of any further people to be notified on a separate page.

10. Your Chosen Certificate Provider

A certificate provider is someone who must speak with you privately to satisfy himself that you understand the powers you are giving your Attorney(s) and that there has been no fraud or undue pressure on you to make the LPA. If you have not identified anyone to be notified when your application is registered, you will need to two of these certificates instead of one. This will act as an additional safeguard.

The Certificate provider can either be:

- (1) Someone who has known you personally for 2 years, or
- (2) A registered healthcare professional, a registered social worker, a solicitor, barrister or advocate, an independent mental capacity advocate or someone who considers they have the relevant professional skills and expertise.

The certificate provider cannot be under 18, a member of your or your attorney's family, a business partner or paid employee of you or your attorneys, an attorney appointed under another LPA or enduring power of attorney you have made or are contemplating making or the owner, director, manager or employee of a care home where you reside or a member of his family or partner.

A professional certificate provider will often make a charge for providing his services. If your LPA is challenged in the future your certificate provider may be called before the Court of Protection to justify his opinion and would need to show that he knows how to assess capacity under the Mental Capacity Act 2005. If the challenge were successful your LPA would not be valid. You may therefore prefer to appoint a professional.

Certificate provider 1	
Full name	
Address	
Date of birth	
Telephone number	
Email address	
Relationship to you	e.g. Professional knowledge (e.g. my GP) or Known you personally for more than 2 years (e.g. friends for 50 years)

Details of second certificate provider ONLY COMPLETE THIS SECTION IF YOU DO NOT WANT ANYONE TO BE NOTIFIED WHEN THE LPA IS REGISTERED i.e. you have not entered any names in section 7 above

Certificate provider 2	
Full name	
Address	
Date of birth	
Telephone number	
Email address	
Relationship to you	e.g. Professional knowledge (e.g. my GP) or Known you personally for more than 2 years (e.g. friends for 50 years)

11. Do you want the LPA to be registered immediately? *We recommend that you do register straight away.*

(a) YES register now / (b) NO do not register now

If you need any advice on completing this form please contact Stafford Young Jones' private client department on 020 7623 9490 or email sperom@s-yj.co.uk.