

Lasting Power of Attorney (LPA) Questionnaire

This is our standard LPA Questionnaire.

It's long because it has to cover everybody.

You don't need to fill in all the sections though - just the ones that apply to your circumstances.

Section 1: Your details

Your title:	
Your full name (include middle names):	
Have you ever used any other names?	Maybe you changed your name when you were married? Please give details
Address:	
Daytime Telephone Number:	
Mobile Number:	
Email Address:	
Marital Status (tick one)	<input type="checkbox"/> Married <input type="checkbox"/> Civil Partner <input type="checkbox"/> Divorced or former Civil Partner <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Cohabiting <input type="checkbox"/> Separated
Occupation:	If you have retired, write "retired", and give your previous occupation
Date of Birth:	

Are **you** normally permanently resident in the UK?

Yes No

If 'Yes', which country do you live in?

England

Scotland

Wales

Northern Ireland

If you answer 'no' to the question about UK residency, you will need legal advice. Please get in touch with us to discuss "foreign domicile". It would also help if you could complete the rest of this form.

Existing documents

Do you have a current Power of Attorney
If yes, please select the type(s)

Yes No

Enduring Power of Attorney
Property & Financial Affairs LPA
Health & Welfare LPA

Where is it / are they stored?

Do you have a current will?

Yes No

If yes, where is it stored?

If applicable, please give an indication as to why you have chosen to make a Lasting Power of Attorney in relation to your property and affairs

Future provision in the event of mental incapacity

Immediate reaction to current health concerns

Need immediate assistance due to physical incapacity

Other (please provide details)

Section 2: Husbands, Wives, Civil Partners and Children

If you're not married or in a civil partnership, and have no children, you can go to Section 3

Please give details of your (please tick): Husband Wife Civil partner

Their title:	
Their full name (include middle names):	
Have they ever used any other names?	Maybe they changed their name when they married? Please give details.
Address:	
Daytime Telephone Number:	
Occupation:	If they are retired, write "retired" and give their previous occupation.
Date of Birth:	

Are they normally permanently resident in the UK? Yes No

If 'Yes', which country do they live in?

England

Scotland

Wales

Northern Ireland

If you answer 'no' to the question about UK residency, you will need legal advice. Please get in touch with us to discuss "foreign domicile". It would also help if you could complete the rest of this form.

Children - This includes step-children and adopted children. If you do not have any children, you can go to Section 3.

	Name	Address	Date of Birth	Child or Step Child
1				
2				
3				
4				
5				

Section 3: Attorneys

Your Attorneys must be at least 18, not an undischarged or interim bankrupt and people that you trust completely. You can appoint more than one attorney and the method of appointment will be discussed at interview. They can only act once the document has been registered at the Office of the Public Guardian. Either you or your attorneys can complete this registration but the document cannot be used until then. Your Attorneys must always act in your best interests.

We have provided space for four Attorneys, but you can have more. Generally it is not necessary to have more than four attorneys, since you can also appoint replacement Attorneys.

1	Name (including title)			
	Address			
	Email address		Date of Birth	
	Tel. No.		Mobile No.	

2	Name (including title)			
	Address			
	Email address		Date of Birth	
	Tel. No.		Mobile No.	

3	Name (including title)			
	Address			
	Email address		Date of Birth	
	Tel. No.		Mobile No.	

4	Name (including title)			
	Address			
	Email address		Date of Birth	
	Tel. No.		Mobile No.	

We will discuss the appointment of your Attorneys at the meeting. In the meantime, you may wish to consider whether they are appointed:

Jointly – this means that all attorneys must act together at all times in all decisions, for example: all attorneys would have to sign all withdrawal forms in relation to your assets.

Jointly & Severally – attorneys may act jointly or independently of each other. For example; this would cover the situation were one attorney to be on holiday/ill themselves.

Mixture of both jointly and jointly and severally – you may set out in your LPA that attorneys must act jointly in some decisions but jointly and severally in respect of others. This must be set out very clearly in your LPA (after having received our advice) to avoid confusion in the future.

Section 4: Replacement Attorneys

You can name a replacement(s) attorney in case an attorney is unable or no longer wishes to act for you. Your attorney(s) can change their mind and may not want to act for you. If this is the case, they must tell you and the Office of the Public Guardian.

Choose between one to four Replacement Attorneys.

1	Name (including title)		
	Address		
	Email address	Date of Birth	
	Tel. No.	Mobile No.	

2	Name (including title)		
	Address		
	Email address	Date of Birth	
	Tel. No.	Mobile No.	

3	Name (including title)		
	Address		
	Email address	Date of Birth	
	Tel. No.	Mobile No.	

4	Name (including title)		
	Address		
	Email address	Date of Birth	
	Tel. No.	Mobile No.	

Section 5: The decisions that your Attorneys may make for you

This power will enable your Attorneys to act on your behalf in relation to all of your properties and affairs.

An Attorney can make any decision that you could make about your property and affairs on your behalf. This will include buying/selling property, managing investments or carrying on a business. They will be able to have access to such personal information as is required to complete this task. This is subject to any authority that you may wish to give them (please see below) and any decisions excluded expressly in the Mental Capacity Act 2005. Some financial decisions will have a 'personal welfare' element to them, for example; a move into residential care involves both elements and therefore a certain element of teamwork between the two sets of appointed attorneys will be required.

- Option A unfettered power with no instructions or preferences imposed upon your Attorneys.
- Option B fettered power with certain instructions and/or preferences imposed as to what assets they can touch and/or how they exercise their powers.
Please give details here

You may put legally binding instructions on your attorney(s) powers and what they can decide for you. However, you must be aware that these decisions may still need to be made and other people such as doctors/care workers or the Court may be required to step in to make the required decision.

- Option C unfettered power but with clear preferences as to how your attorneys should manage your affairs
Please give details here

Even though you may have chosen not to impose legally binding instructions upon your attorneys, you may still seek to assist your Attorneys with some specific or general preferences as to how they are to act for you.

Section 6: Who to notify prior to the registration of your LPA

Before your LPA can be used, it must be registered with the Office of the Public Guardian.

As part of the registration process, you can nominate certain individuals (friends and/or family) to be told of this impending registration so that they may raise objections if they have any concerns.

This is an important safeguard because if you lack capacity at the time of registration you will be relying on these people to raise any concerns they may have about the application to register.

You may name up to five people to be notified. We have provided space for four. Please provide further details on a separate sheet if you would like more than four people notified.

1	Name (including title)			
	Address			
	Tel. No.		Mobile No.	
2	Name (including title)			
	Address			
	Email address			
	Tel. No.		Mobile No.	
3	Name (including title)			
	Address			
	Tel. No.		Mobile No.	
4	Name (including title)			
	Address			
	Tel. No.		Mobile No.	

Form Completed by:

Date:

THANK YOU FOR COMPLETING THIS FORM. WE LOOK FORWARD TO WORKING ON YOUR FILE.

Please return to Fentimans Solicitors , for the attention of Nick Fentiman prior to your meeting.