



Royal Court of Jersey

Judicial Greffe

# Delegate for property and affairs Annual Report



**Capacity and Self Determination (Jersey) Law 2016**

**How to complete this form****PLEASE TYPE OR WRITE IN CAPITAL LETTERS USING A BLACK PEN**

<b>X</b>	Mark your choice with an X
	If you make a mistake, fill in the box completely 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

**How to fill in this form****Make sure you have to hand:**

- Financial records, for example, bank statements or spreadsheets
- Your record of any decisions you've made for the person to whom this report relates
- Your record of anyone you've contacted for the person to whom this report relates

**More than one delegate?**

You only need to fill in one copy of this form. This applies if you make decisions together (called "jointly") or separately and together (called "jointly and severally"). However, you should consult the other delegates and make sure they see a copy of your report before you send it to the Judicial Greffe.

**More information**

Make sure you answer the questions in this form as fully as possible. Attach any supporting documentation that you feel will be of interest. We may still need to contact you for more information – by telephone, email or in writing.

**Your privacy**

We will treat any information you give us in line with The Data Protection (Jersey) Law 2018. This means that we will not give information to anyone else unless we have a safeguarding concern or we have to apply to the Court, when it would be available to go to anyone involved in the court proceedings.

**Need help?**

Call the Judicial Greffe on 441362 or 441303.

**'You' and the 'Person'**

Where you see the word "you" in this form, it means the delegate who is filling in the delegate report form. Where you see the word "Person" (with a capital P), it means the person you were appointed to help make decisions.

# Delegate report for property and affairs decisions

## Section 1

### Reporting period<sup>1</sup>

Start date




End date




### Delegate details

First names

Last name

Address

Postcode

Telephone number

Email

### The Person's details

First names

Last name

Address

Postcode

Telephone number (optional)

Does the Person spend time at another address?

 Yes  No

If yes, X the box and give the other address below.

Other address

Postcode

Type of accommodation

<sup>1</sup> Reporting period runs from day 2 of your appointment as Delegate or the day following your last anniversary date as delegate to your anniversary date as delegate e.g. if you were appointed Delegate on 1 February 2019 the reporting period would run from 2 February 2019 to 1 February 2020, and annually thereafter.

## Section 2: Decisions made over the reporting period

Has the Person's capacity to make decisions about their property and affairs:

changed    stayed the same

If the Person's capacity to make property and affairs decisions has changed, tell us more here.

When was the Person's capacity to make decisions last assessed by a professional (such as a psychiatrist or social worker)?

Month

Year

## Significant decisions

### The Person's decisions

What significant decisions did the Person make themselves over the period, if any? If none please insert "None" and give a reason why.

List the decisions you have made as a delegate for the Person over the period, such as about renting, refurbishing, buying or selling property, making gifts or paying out significant sums of money. Tell us how you involved the Person in those decisions. If you couldn't, tell us why under "The Person's involvement".

### Delegate decisions

### The Person's involvement

Check this box if you did not make any significant decisions, and tell us why.

## People you consulted

Give details of people who helped you make significant decisions as a delegate, such as an accountant, advocate or solicitor, or the Person's family members.

For example: "John Smith" "Accountant", "To prepare accounts for the delegate's report".

Full name

Relationship to the Person

Address

Why did you consult them?

Postcode

Full name

Relationship to the Person

Address

Why did you consult them?

Postcode

Full name

Relationship to the Person

Address

Why did you consult them?

Postcode

**Need to add more people?** Use the extra sheet supplied with this form

**Check this box** if you did not consult anyone, and tell us why below.

### Section 3: Contact with the Person

Tell us about how you keep in touch with the Person and how often you and other people visit. We want to know if there are other people who would tell you if the Person's needs were not being met.

**Do you live with the Person?**

Yes  No If No, how often do you or others (relatives/friends) contact the Person?

You	Others		Visits	Phone and video calls	Letters and emails
<input type="checkbox"/>	<input type="checkbox"/>	Every day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	At least once a week	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	At least once a month	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	More than twice a year	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Once a year	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Less than once a year	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**How often does the Person have contact with other people?**

Other than people who live or work where the Person lives, give the names of other individuals who are in regular contact with the Person. Would they tell you if they had a concern about the Person?

### Section 4: Care arrangements and benefits

#### Care Arrangements

**Does the Person get care that 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?**

- The Person pays for all their own care.
- The Person gets some financial help (for example from the Customer and Local Services Department, formerly Social Security).
- All care is paid for by someone else (for example, by the Customer and Local Services Department, formerly Social Security).

**Who is doing the caring?** For example, private residential care, live-in or visiting care workers

**If there is a care plan in place, when was it last reviewed?**

Month    Year

There is no care plan

**Benefits**

**What State Pension and benefits does the Person receive?**

- |   |   |  |   |  |
|---|---|--|---|--|
| <input type="checkbox"/> Long Term Care (weekly / monthly or annually)            | £ | <input style="width: 95%;" type="text"/> | · | <input style="width: 95%;" type="text"/> |
| <input type="checkbox"/> Income Support (weekly / monthly or annually)            | £ | <input style="width: 95%;" type="text"/> | · | <input style="width: 95%;" type="text"/> |
| <input type="checkbox"/> Long Term Incapacity Allowance (weekly/monthly/annually) | £ | <input style="width: 95%;" type="text"/> | · | <input style="width: 95%;" type="text"/> |
| <input type="checkbox"/> Old Age Pension (weekly / monthly or annually)           | £ | <input style="width: 95%;" type="text"/> | · | <input style="width: 95%;" type="text"/> |

**Other benefits, give details below**

## Section 5:

### Bank accounts that you manage on behalf of the Person

Bank Name	Account type (current/savings)	Opening balance at the start of the reporting period
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	£ <input style="width: 80%;" type="text"/> . <input style="width: 20%;" type="text"/>

Branch Sort Code	Last 4 digits of the bank account number	Closing balance at the end of the reporting period
<input style="width: 30%;" type="text"/> - <input style="width: 30%;" type="text"/> - <input style="width: 30%;" type="text"/>	<input style="width: 100%;" type="text"/>	£ <input style="width: 80%;" type="text"/> . <input style="width: 20%;" type="text"/>

Bank Name	Account type (current/savings)	Opening balance at the start of the reporting period
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	£ <input style="width: 80%;" type="text"/> . <input style="width: 20%;" type="text"/>

Branch Sort Code	Last 4 digits of the bank account number	Closing balance at the end of the reporting period
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Bank Name	Account type (current/savings)	Opening balance at the start of the reporting period
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Bank Name	Account type (current/savings)	Opening balance at the start of the reporting period
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	£ <input style="width: 80%;" type="text"/> . <input style="width: 20%;" type="text"/>

Branch Sort Code	Last 4 digits of the bank account number	Closing balance at the end of the reporting period
<input style="width: 30%;" type="text"/> - <input style="width: 30%;" type="text"/> - <input style="width: 30%;" type="text"/>	<input style="width: 100%;" type="text"/>	£ <input style="width: 80%;" type="text"/> . <input style="width: 20%;" type="text"/>

**Need to add more bank accounts?** Use the extra sheet supplied with this form



If any of the accounts you manage on behalf of the Person are in joint names, please give details below

Name of Bank and last 4 digits of the account number	Whose names are on the bank account?	Does the money in the account belong solely to the Person <u>or</u> is the money shared with the other individual(s) named on the account?

## Section 6: Money paid in and out of the Person's accounts

Tell us about how you have managed the Person's money during this reporting period. We need this information to understand the Person's financial situation.

Tell us about the different categories of money paid into and out of the Person's accounts that you manage.

### Money paid in

Pension / benefits from Government of Jersey	<input type="checkbox"/>
Bequests eg inheritance, gifts received	<input type="checkbox"/>
Income from investments, dividends, property rental	<input type="checkbox"/>
Sale of investments, property or assets	<input type="checkbox"/>

Salary or wages	<input type="checkbox"/>
Compensation or damages	<input type="checkbox"/>
Personal pension	<input type="checkbox"/>
Other	<input type="checkbox"/>

### Money paid out

Accommodation costs eg rent, mortgage, service charges	<input type="checkbox"/>
Care fees or charges for care	<input type="checkbox"/>
Holidays and trips	<input type="checkbox"/>
Household bills, eg water, electricity, phone	<input type="checkbox"/>

Person's personal allowance	<input type="checkbox"/>
Professional fees eg solicitor, doctor, accountant etc.	<input type="checkbox"/>
New investments eg purchase of shares or new bonds	<input type="checkbox"/>
Travel cost eg. car insurance, car maintenance, bus, taxi fares	<input type="checkbox"/>

What was the total amount of income received by the Person over the reporting period?

£  .

What was the total amount of expenditure for and on behalf of the Person over the reporting period?

£  .

**List all one off payments over £2,000**

You may find it easier to use the Person's bank statements to find this information. Don't tell us about any regular payments, such as care home fees.

**Paid in**

Description


Value

£	<input type="text"/>	.	<input type="text"/>
£	<input type="text"/>	.	<input type="text"/>
£	<input type="text"/>	.	<input type="text"/>
£	<input type="text"/>	.	<input type="text"/>
£	<input type="text"/>	.	<input type="text"/>
£	<input type="text"/>	.	<input type="text"/>
£	<input type="text"/>	.	<input type="text"/>
£	<input type="text"/>	.	<input type="text"/>
£	<input type="text"/>	.	<input type="text"/>
£	<input type="text"/>	.	<input type="text"/>

**Paid Out**

Description


Value

£	<input type="text"/>	.	<input type="text"/>
£	<input type="text"/>	.	<input type="text"/>
£	<input type="text"/>	.	<input type="text"/>
£	<input type="text"/>	.	<input type="text"/>
£	<input type="text"/>	.	<input type="text"/>
£	<input type="text"/>	.	<input type="text"/>
£	<input type="text"/>	.	<input type="text"/>
£	<input type="text"/>	.	<input type="text"/>
£	<input type="text"/>	.	<input type="text"/>
£	<input type="text"/>	.	<input type="text"/>

**Need more space?** Use the extra sheet supplied with this form if you need to.

## Delegate expenses

Have you claimed any Delegate expenses during this reporting period?

Yes  No

If Yes, what is the total amount of expenses you have claimed for?

£  .

Tell us about the expenses you have claimed for.

## Delegate remuneration

Has the Court given permission for you to receive remuneration, and be paid out of the Person's estate, for acting as delegate?

Yes  No

If Yes, what is the total amount of remuneration you have charged over the reporting period?

£  .

Give details of the work carried out by you, or by a person employed by you, in connection with the administration of the Person's property and affairs.

What are the estimated fees that you anticipate charging in respect of your acting as delegate for the Person for the coming year?

£  .

## Gifts

Have you given any gifts to other people on behalf of the Person during this reporting period?

Yes  No

If Yes, give the total value of the gifts you have given.

£  .

Tell us who the gifts were for and what the occasion was.

## Section 7: The Person's assets

**Immovable Property** (e.g. houses, flats, share transfer apartments and land)

Address

Postcode

Have you been granted authority as delegate to manage the Person's immovable property? (The authority will be set out in the Act of Court when you were first appointed).

Yes  No

If 'Yes', please give details of the immovable property you manage below. If 'No' proceed to "Assets that you manage on behalf of the Person".

**Who lives at this property?**

The Person		The property is empty	
The Person's spouse / partner / civil partner		Other (for example has a private tenant). If 'Other' tell us more.	
The Person's parents			
The Person's children/other dependents			

**Is the property fully or part-owned by the Person?**

Fully owned     Part-owned

If part-owned, what is the Person's share of the Property?  %

What is the estimated value of the property?

£  .

Is there an outstanding mortgage on the property?

Yes     No    If 'Yes', how much is left to pay?

£  .

Is the property subject to an equity release scheme<sup>2</sup>?

Yes     No

Are there any other charges<sup>3</sup> over the property, for example a Long-Term Care (LTC) Bond to help pay towards care fees?

Yes     No    If yes, with which organisation?

If the property is rented out what is the monthly rental income?

£  .

If the property is rented out, when does the current rental agreement end?

**More than one property?** (Extra pages can found and printed off from gov.je or are available from the Judicial Greffe. Attach these to the Inventory).

<sup>2</sup> **Equity release** is a means of retaining use of a house which has capital value, while also obtaining a lump sum or a steady stream of income; a loan using the value of the house.

<sup>3</sup> **A charge on property:** a legal agreement that gives a lender the right to take the borrower's property if that person does not pay back the money they borrowed. In certain circumstances the lender can force the sale of the property over which it has a charge so that the loan might be repaid.

## Assets that you manage on behalf of the Person

If you manage any of the following assets on behalf of the Person, provide us with the total value for each as at the anniversary date of your appointment as Delegate.

Savings and Investments (total)

£  .

Insert the form of investment and company name in the box below.

Stocks and Shares (total)

£  .

List the Company name/s and no. of shares held in the box below.

Premium bonds

£  .

Vehicles (estimate)

£  .

Give details of the car/boat/motorcycle in the box below.

Assets held outside Jersey

£  .

Give details of these assets in the box provided below.

Other

£  .

Tell us more about these assets in the box below.

**Tell us more about the assets that you refer to above**

## Section 8 – Person’s Debt

### Debts owed by the Person

Don’t tell us about amounts left to pay on a mortgage.

Care fees

£  .

Credit card repayments

£  .

Loan repayments

£  .

Other

£  .

If other, tell us more

## Section 9: Decisions in the next reporting period

**Do you expect to make significant financial decisions on behalf of the Person in the next 12 months?**

For example, the Person moving to other accommodation, buying or selling property or making adaptations to their home, changing their investments, making large gifts (such as a 21<sup>st</sup> birthday present for their child).

Yes (tell us more below)       No

**Do you have any concerns about your delegation?**

For example, paying care home fees if the Person’s money runs low, managing the Person’s property, making gifts, other family members’ involvement with the Person’s funds, what expenses you can claim.

Yes (tell us more below)       No

**Section 10: Delegate’s declaration**

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 that I have obligations to the Court and the Judicial Greffe 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 delegates named in the Act of Court (unless I have stated otherwise and provided reasons).

I confirm that I have had regard to the Capacity and Self-Determination (Jersey) Law 2016, its Code of Practice and the Act of Court in this case. I understand the duties and obligations placed upon me.

**Delegate’s signature**

Print Delegate’s name

Date



- Check this box if you are not signing on behalf of all delegates (if there is more than one delegate), and tell us why below.

**Witness' signature**

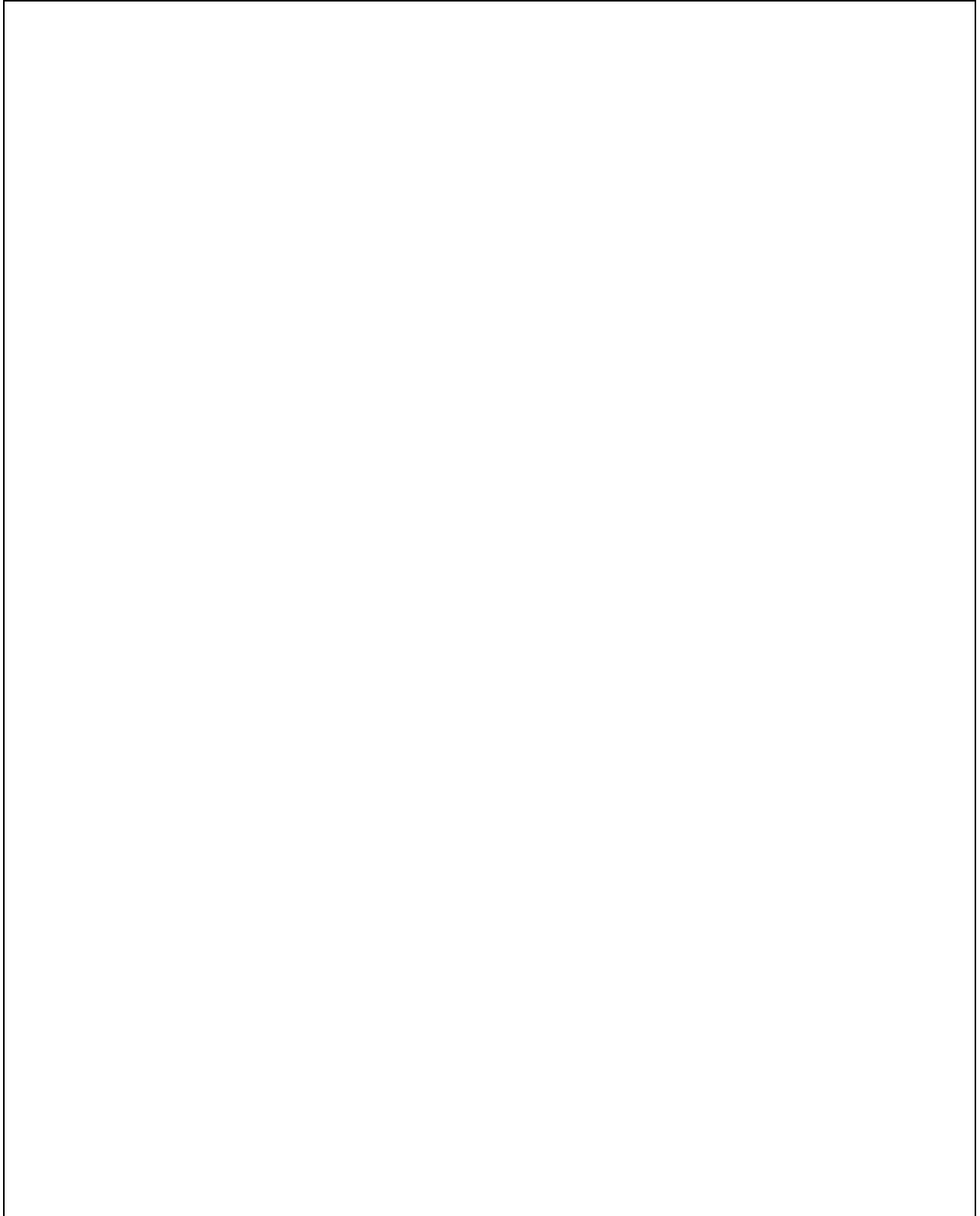
(The witness must be a Jersey Advocate or Solicitor, a Notary Public, or a Jurat).

**Print Witness' name**

Date

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**Spare page** (Use this page if you require more space to answer any of the questions within the report.).



**Once complete, return this form to the Probate and Protection Division, The Judicial Greffe, Royal Court House, Royal Square, St Helier JE1 1JG**