

Delegate for property and affairs Annual Report and Plan



Capacity and Self Determination (Jersey) Law 2016

How to complete this form

PLEASE TYPE OR WRITE IN CAPITAL LETTERS USING A BLACK PEN

X	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 441360 or email jgrprotection@courts.je.

'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 ¹	
Start date	End date
Delegate details	The Person's details
First names	First names
Last name	Last name
Address	Address
Postcode	Postcode
Telephone number	Telephone number (optional)
Email	
	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

¹ Reporting period runs <u>from</u> day 2 of your appointment as Delegate or the day following your last anniversary date as delegate <u>to</u> 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 al	pout their property and affairs:
\square changed \square stayed the same	
If the Person's capacity to make property and a	ffairs decisions has changed, tell us more here.
When was the Person's capacity to make decisi by a professional (such as a psychiatrist or soci	
The Person's decisions	
What significant decisions did the Person make insert "None" and give a reason why.	themselves over the period, if any? If none please
renting, refurbishing, buying or selling propert	ate for the Person over the period, such as about y, making gifts or paying out significant sums of those decisions. If you couldn't, tell us why under
Delegate decisions	The Person's involvement

☐ Check this box if you did no	ot make any significant decisions, and tell us why.
People you consulte	ed
	ed you make significant decisions as a delegate, such as an or, or the Person's family members.
For example: "John Smith" "Acc	countant", "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	
	Use the extra sheet supplied with this form
- Clieck this box ii you did no	ot 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 yo	u live with t	the Person?			
□ Yes	s □ No	If No, how often do you or other	rs (relatives/	friends) contact the	e Person?
You	Others		Visits	Phone and video calls	Letters and emails
		Every day			
		At least once a week			
		At least once a month			
		More than twice a year			
		Once a year			
		Less than once a year			
Other	than people e in regular	he Person have contact with on who live or work where the Person contact with the Person. Would	son lives, giv	e the names of oth	
Sec	tion 4: (Care arrangements	and be	nefits	
Does to		ements get care that is paid for? This r – but not help from unpaid care	•		re or home visits

If Yes, how is the care funded?				
☐ The Person pays for all their own care.				
 □ The Person gets some financial help (for example Services Department, formerly Social Security). □ All care is paid for by someone else (for example, by the Department, formerly Social Security). 				
Who is doing the caring? For example, private residential	al care,	live-in or vi	siting care v	workers
If there is a care plan in place, when was it last reviewed Month Year There is n		plan		
Benefits				
What State Pension and benefits does the Person rece	ive?			
☐ Long Term Care (weekly / monthly or annually)	£			
☐ Income Support (weekly / monthly or annually)	£			
☐ Long Term Incapacity Allowance (weekly/monthy/annually)	£			
☐ Old Age Pension (weekly / monthly or annually)	£			
Other benefits, give details below				

Section 5:

Bank accounts that you manage on behalf of the Person

Branch Sort Code	Account type (current/savings) Last 4 digits of the bank account number	£	Opening balance at the start of the reporting period Closing balance at the end of the reporting period .
Bank Name Branch Sort Code	Account type (current/savings) Last 4 digits of the bank account number	£	Opening balance at the start of the reporting period Closing balance at the end of the reporting period .
Bank Name Branch Sort Code	Account type (current/savings) Last 4 digits of the bank account number	£	Opening balance at the start of the reporting period Closing balance at the end of the reporting period .
Bank Name Branch Sort Code	Account type (current/savings) Last 4 digits of the bank account number	£	Opening balance at the start of the reporting period Closing balance at the end of the reporting period .

 $\hfill \square$ 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 or 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	Salary or wages	
Bequests eg inheritance, gifts received	Compensation or damages	
Income from investments, dividends, property rental	Personal pension	
Sale of investments, property or assets	Other	

Money paid out

Accommodation costs eg rent, mortgage, service charges		Person's personal allowance	
Care fees or charges for care		Professional fees eg solicitor, doctor, accountant etc.	
Holidays and trips		New investments eg purchase or shares or new bonds	
Household bills, eg water, electricity, phone		Travel cost eg. car insurance, car maintenance, bus, taxi fares	

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

£		

£ .		
ist all one off payments over £2,00	00	
ou may find it easier to use the Perso Don't tell us about any regular payme	on's bank statements to find this inform nts, such as care home fees.	ation.
Paid in		
Description	Value	
	£	
	£	
	£	
	£	
	£	
	£	
	£	
	£	
	£	
Paid Out		
Description	Value	
	£	
	£	
	£	
	£	
	£	
	£	
	£	
	£	
	£	

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 peri	od?
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.	n

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	
s the property fully or part-owned by the	e Person?
☐ Fully owned ☐ Part-owned	
If part-owned, what is the Person's share	e of the Property?
What is the estimated value of the prope	erty? £ .
s there an outstanding mortgage on the	property?
☐ Yes ☐ No If 'Yes', how much is left	to pay?
ls the property subject to an equity relea	ase scheme ² ?
□ Yes □ No	
Are there any other charges ³ over the proto help pay towards care fees?	operty, for example a Long-Term Care (LTC) Bond
☐ Yes ☐ No If yes, with which orga	janisation?
If the property is rented out what is the nrental income?	monthly £
If the property is rented out, when does tagreement end?	the current rental
☐ More than one property? (Extra page from the Judicial Greffe. Attach these than the second se	es can found and printed off from gov.je or are availa to the Inventory).
	a bayya which has capital value, while also obtaining a lum

² **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.

³ 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 <u>as at the anniversary date of your appointment as Delegate</u>.

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 boolelow.	ΟX	
Premium bonds	£	
<u>Vehicles</u> (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

Care fees

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

Credit card repayments	£		
Loan repayments	£		
<u>Other</u>	£		
If other, tell us more			
Section 9: Decisions in the nex	t repor	ting per	riod
Do you expect to make significant financial dec next 12 months?	isions on	behalf of th	ne Person in the
For example, the Person moving to other accommaking adaptions to their home, changing their inverse birthday present for their child).			
☐ Yes (tell us more below) ☐ No			

£

Do you have any concerns		
	ne fees if the Person's money runs low, managin family members' involvement with the Person	-
☐ Yes (tell us more below)	□ No	

This space is intentionally blank.

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.

Del	egate's signature
Prir	nt Delegate's name
Dat	e
	Check this box if you are <u>not</u> signing on behalf of all delegates (if there is more than one delegate), and tell us why below.
Cł	necklist
Bef	ore submitting the Delegates Report to the Judicial Greffe, please ensure that you have:
	Answered the questions in this form as fully as possible.
	Attached an Income and Expenditure Report or full set of accounts for the reporting period.
	Delegates are required to maintain a record of all income and expenditure for the Person. The Income and Expenditure Report should be attached to and forms part of this report.
	Attached any other supporting information that you believe will be of interest to the Court.

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

				FORM A
Spare pag	e (Use this page if	you require mor	e space to answer	any of the questions
the report.).				