



# Form WOC2: To accompany all High Court Wardship Discharge Applications Pursuant to the Assisted Decision-Making Capacity Act

## **A) Application details:**

Full name of ward of court:

Ward of court record number:

Address of ward of court:

Date of birth:

Residence type:

Name of Committee of the person of the ward:

Name of Committee of the estate of the ward:

Relationship of Committee member/members to ward:

Name of Guardian ad Litem/ Independent Solicitor appointed:

Relationship of applicant to ward (if Committee or solicitor):

## **B) Applicant details (where the applicant is not the Committee or solicitor on record):**

Full name of applicant:

Address of applicant:

Relationship of applicant to ward:

**C) Relevant medical and personal background (300 words max):**

Please give details of the medical and personal background of the ward:

- Example medical condition: suffers from Alzheimer's, paranoid delusions, self-harm etc.
- Example personal background: brought into wardship after sustaining a severe head injury which caused brain damage

**D) Documentation supporting application:**

Date of affidavit:

Deponent Name:

Date of notice of motion:

**E) Affidavit of service:**

Names of parties served:

Date of service:

Name and status of any other notice party such as any solicitor on record (e.g. GAL/Independent Social Worker/advocate):

Please confirm that the affidavit of service includes the response of the ward of court by ticking the box:

Please confirm that the affidavit of service includes an averment in respect of efforts made by the deponent to explain the nature of the papers served on the respondent by ticking the box:

Does the affidavit of service include averments in relation to any of the following: (Please read section 8(7) of the Assisted Decision Making (Capacity) Act)

Explanation of the discharge application

Responses of the ward of court to proceed the application

Efforts to encourage and facilitate participation in the hearing

Steps taken to improve the ward's ability to participate in the hearing

**F) Documents supporting the application:**

Date of Declaration Order:

Confirm a copy of this document is included

Yes

Date of most recent Detention Order (where applicable):

Confirm you have provided a copy of this document, if applicable?

Yes

Date of most recent Placement Order (where applicable):

Confirm you have provided a copy of this document, if applicable?

Yes

Please give details of the orders (write 1-2 lines):

Does the ward have any other relevant orders in place e.g. medical treatment orders or orders restricting the rights of certain third parties to visit the ward etc? If so, please include a copy of these orders.

Yes

No

If yes, please give details of these orders (write 1-2 lines):

**G) Estate/inheritance:**

Is there a current Grant of Probate issued to the Committee?

Yes

No

Date of issue:

Is the ward of court a beneficiary in an estate awaiting distribution?

Yes

No

**H) Litigation details (other than the wardship proceedings):**

Record number(s):

Provide details of these cases including an up-to-date position of proceedings:

**I) Court Medical reports:**

Name of medical visitor:

Qualifications of medical visitor:

Date of latest medical report:

Dates of all other medical visitor reports (medical visitor report for wardship application):

**J) Medical reports of applicant:**

Name of Medical Practitioner:

Qualifications of Medical Practitioner:

Date of latest medical report:

Dates of all other Practitioner reports (medical visitor report for wardship application):

**K) Nature of relief sought:**

Discharge with or without Decision Making Assistant

Discharge with Co-decision-maker

Name of Co-decision-maker (if applicable):

Discharge with Decision Making Representative (DMR)

Name of Decision Making Representative (if applicable):

Decision Support Service to nominate panel member DMR

Name of panel nominee 1 (if applicable):

Name of panel nominee 2 (if applicable):

**L) Additional information:**

If you need extra space to complete your application, please continue writing your answer below, clearly marking which question you are referring to.