# 108B.

E-FORM

P.15, r.35 FJ(G)R

Para 75(1), 77(2) PD 2024

## Consent (Mental Capacity Act 2008)

This Form is to be used to indicate your consent to the other party’s **Originating Application or Summons for** **proceedings under the Mental Capacity Act 2008**.

You can use the same Section 1 for more than 1 person to indicate their consent if the **same options** apply to **all** persons. Otherwise, please use a separate Section 1 for each person who selects different options.

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| **ONLY for SIMPLIFIED proceedings under Mental Capacity Act 2008**If you wish to consent to the proceedings, you may do so in the following ways: Option 1: Sign the online form in iFAMS. You do not need to sign before a Commissioner for Oaths.  Option 2: Sign this form in hard copy before a Commissioner for Oaths. Option 1You are eligible to use Option 1 if the Applicant entered your NRIC /FIN No. into iFAMS. In certain cases, you may be sent an email notification if the Applicant has your email address. To check your eligibility to use Option 1, log-in to <https://ifams.gov.sg/> with your Singpass and follow the steps.  |

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| **IMPORTANT**: Before signing this consent, you **MUST** read the entire Originating Application or Summons carefully. You may also wish to consult an **independent** lawyer (not the other party’s lawyer) to understand the legal effect of the document. Your signed consent will be submitted to the Court and may affect your legal rights and obligations. |

### Section 1: Consent

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| **State the main case number:** | Enter main case number here. |
|  |
| **State the sub-case number:** | Enter sub-case number here. |
|  |  |
| If consent is given before the start of proceedings, |
| **State the parties in the intended proceedings:** |
| Applicant: | Enter full name as per NRIC/Passport here. |
| Respondent: | Enter full name as per NRIC/Passport here. |
| Patient: | Enter full name as per NRIC/Passport here. |

**By signing this document, each person in clause 5 states as follows:** | *Notes**If you are consenting to the Originating Application, please state the OA case number only.**If you are consenting to a Summons, please state the OA case number* ***and*** *sub-case number.**If consent is given before the start of Court proceedings, state the name of the parties in the proceedings as it appears in the Court document title.* *Provide the name of the Patient.* |
| 1. | I understand the nature and effect of the orders sought in[ ]  the Originating Application for:[ ]  appointment of a Deputy under the Mental Capacity Act 2008.[ ]  orders under section [Enter section number] of the Mental Capacity Act 2008.[ ]  orders under the Mental Capacity Act 2008 (variation, rescission, setting aside).[ ]  the Summons for [Describe the subject matter here].[ ]  the agreed terms in **Section 2**.[ ]  Enter name of application/document here.  |  |
| 2. | I have read and understood the contents of [ ]  the Originating Application and the supporting affidavit(s). [ ]  the Summons and the supporting affidavit(s).[ ]  the agreed terms in **Section 2**.[ ]  Enter name of application/document here. |  |
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| 3. | I consent to the making of the orders sought in [ ]  the Originating Application (Amendment no. [Enter no. here]).[ ]  the Summons (Amendment no. [Enter no. here]).[ ]  the agreed terms in **Section 2**.[ ]  Enter name of application/document here. | *Include the amendment number only if it is applicable.* |
| 4. | I consent to the dispensation of service of the above Court documents in paragraph 2 and all other and subsequent documents filed in these proceedings on me. |  |
|  |  |  |
| 5.  | Person(s) signing this consent: |
| **Name**  | **NRIC/ FIN/ Passport number** | **Address**  | **Party type in proceedings** (e.g. Respondent) OR**Relationship to Patient** |
| Enter full name as per NRIC/Passport here. | Enter NRIC/ FIN/ Passport no. here. | Enter address here. | Enter party type or relationship here. |
| Enter full name as per NRIC/Passport here. | Enter NRIC/ FIN/ Passport no. here. | Enter address here. | Enter party type or relationship here. |
| Enter full name as per NRIC/Passport here. | Enter NRIC/ FIN/ Passport no. here. | Enter address here. | Enter party type or relationship here. |
| Please note that each person listed here, or his/her lawyer (if any), is to provide his/her signature below. |
|  |  |  |  |
| To be completed if you are acting in-person |
| [ ]  I acknowledge that I have considered this application and have been informed by the other party’s lawyer of my right to seek independent legal advice. Signed by Enter full name as per NRIC/Passport here.  | *Please select this option if you are* ***not*** *represented by a lawyer* ***and*** *the other party is represented by a lawyer.**If you are not represented by a lawyer, you are required to sign this form before a Commissioner for Oaths.*  |
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| On this | Enter date here | (date) |
| At | Enter place here | (place) |

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| [ ]  through the interpretation of

|  |  |
| --- | --- |
| Enter name of interpreter here | (name) |

in the following language:[ ]  Mandarin [ ]  Malay [ ]  Tamil

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| [ ]  Others: | Enter language here |

 | *This option is used if you require interpretation.* *If you require an option for illiterate or blind persons, refer to Form 54 for the full range of options.*  |
| Before me,Commissioner for Oaths |  |
|  |  |
| To be completed by lawyer (if any) |
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| Counsel for theEnter party type or relationship to Patient here. |
| Enter name of law firm and lawyer’s name here. |

Date:

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| Enter date here. |

 | *If you are represented by a lawyer, you are not required to sign this form. Instead, your lawyer may sign this form on your behalf.**If this is completed by your lawyer, your lawyer should update your records in eLitigation to ensure that he is the lawyer on record. Otherwise, the Court may require you to sign this document personally.* |

[Add another Section 1 if required]

### Section 2: Agreed Terms

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| The terms of the agreement between the parties which are to be recorded as a Court order are set out below:  |
| 1. | Enter details here. |
| 2. | Enter details here. |
| 3. | Enter details here. |
| 4. | Enter details here. |
| 5. | Enter details here. |