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|  | FORM 218 |  |

Para 54

**IN THE FAMILY JUSTICE COURTS OF THE REPUBLIC OF SINGAPORE**

OSM No. )

of 20 )

In the Matter of Section 20 of the Mental Capacity Act (Cap 177A)

And

In the Matter of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [*name of person alleged to lack capacity*]

(NRIC/FIN/Passport No.: \_\_\_\_\_\_\_\_\_\_), a person alleged to lack capacity (“P”)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [*name of applicant*]

(NRIC/FIN/Passport No.: \_\_\_\_\_\_\_\_\_\_)

*Applicant*

**AFFIDAVIT**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [*name of Applicant*], of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [*address of Applicant*], do make oath / affirm\* and say as follows:

1. I am the Applicant and I make this affidavit in support of my application.

2. The facts contained in this affidavit are within my personal knowledge or are based on documents in my possession.

3. I confirm that the information set out in this affidavit is true and correct.

4. **Applicant’s Particulars**

|  |
| --- |
| **(a) Full name:** |
| **(b) NRIC/FIN/Passport no.:** |
| **(c) Date of birth (DD/MM/YYYY):** |
| **(d) Age:** |
| **(e) Gender: 🞏 Male 🞏 Female** |
| **(f) Telephone number:** |
| **(g) Occupation:** |
| **(h) Name and address of employer:** |
| **(i) Monthly income:**   |  |  | | --- | --- | | **Source of Income**  *(e.g. salary, insurance, government payouts, rental etc)* | **Value** | |  |  | | **TOTAL** |  | |
| **(j) Relationship to P (i.e. the person alleged to lack capacity):**   * **Spouse** * **Child** * **Parent** * **Sibling** * **Friend** * **Others – please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

5. **Information about Applicant**

|  |
| --- |
| **(a) *Please indicate which options are applicable to you***   * **I am not an undischarged bankrupt** * **I am not facing any bankruptcy actions** * **I have not been appointed as a Donee or Deputy for someone else** |
| **(b) *Please indicate which option is applicable to you***   * **I declare that I do not have any outstanding loans or debts at all** * **I declare that I do not have any outstanding loans or debts except for the following loans / debts, and I further declare that I am able to pay my loans and debts as and when they become due and payable.**  |  |  | | --- | --- | | **Information about loan / debt**  *(e.g. creditor, reason for loan/debt etc.)* | **Amount owed** | |  |  | |

6. **Information about P**

|  |
| --- |
| **(a) P’s Full name:** |
| **(b) P’s NRIC/FIN/Passport no.:** |
| **(c) P’s Date of birth (DD/MM/YYYY):** |
| **(d) P’s Age:** |
| **(e) P’s Gender: 🞏 Male 🞏 Female** |
| **(f) P’s Marital status:**  **🞏 Single**  **🞏 Married**  **🞏 Divorced**  **🞏 Separated**  **🞏 Widowed**  **🞏 Unknown** |
| **(g) Address at which P is currently residing:** |
| **(h) Is P living in a nursing home? 🞏 Yes 🞏 No**  **If “Yes”, please state which nursing home:** |
| **(i) Do you confirm that, to the best of your knowledge and belief, P’s incapacity is as set out in the doctor’s affidavit(s) and medical report(s) filed in support of your application?**  **🞏 Yes 🞏 No** |
| **(j) P’s current care arrangements and main caregiver(s):**  *(Please provide information about how P is currently being cared for and who is P’s main caregiver(s))* |
| **(k) P’s expenses:**  *(Please include any expenses which P currently does not have but is expected to incur in future and indicate these with an ‘\*’)*   |  |  | | --- | --- | | **Type / Frequency**  *(e.g. food/monthly, insurance/annually)* | **Amount** | |  |  | | **TOTAL** |  | |
| **(l) P’s monthly income and sources of such income:**  *(Please include any income which P currently does not have but is expected to receive in future and indicate these with an ‘\*’)*   |  |  | | --- | --- | | **Source of Income**  *(e.g. salary, insurance, government payouts, rental etc)* | **Value** | |  |  | | **TOTAL** |  | |
| **(m) P’s assets and up to date value (to the best of your knowledge) of these assets:**   |  |  | | --- | --- | | **Assets**  *(e.g. bank accounts, CPF accounts, insurance policies, stocks and shares, property etc.)* | **Value** | |  |  | | **TOTAL** |  | |
| **(n) *Please indicate which options are applicable and provide details where applicable***   * **P has no outstanding debts or liabilities** * **P’s debts or liabilities are as follows:**  |  |  | | --- | --- | | **Information about loan / debt**  *(e.g. creditor, reason for loan/debt etc.)* | **Amount owed** | |  |  |  * **P has not received and is not going to receive any form of compensation or award of damages** * **P has received or is going to receive the following compensation or award of damages:**  |  |  | | --- | --- | | **Information about compensation**  *(e.g. nature of claim etc.)* | **Amount** | |  |  | |
| **(o) LASTING POWER OF ATTORNEY**  *(Please indicate which of the following is applicable)*   * **P made a Lasting Power of Attorney and the Registration No. is:**   **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**   * **P made an instrument intended to create a Lasting Power of Attorney but it has not been registered yet** * **P has not made a Lasting Power of Attorney and, as far as I am aware, P has not make an instrument intended to create a Lasting Power of Attorney** |
| **(p) Has P made a will?**  **🞏 Yes 🞏 No 🞏 I do not know** |
| **(q) PREVIOUS LEGAL APPLICATIONS CONCERNING**  **APPLICANT(S) AND/OR P**  *(Please indicate which of the following is applicable)*   * **There has been no application or order made relating to P under the Mental Capacity Act as well as the repealed Mental Disorders and Treatment Act** * **There was an application or order made relating to P under the Mental Capacity Act or the repealed Mental Disorders and Treatment Act in case no. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** * **Have the Applicant(s) and/or P been involved in any kind of court proceedings (e.g. criminal, tribunal, civil or family proceedings)?**   **🞏 Yes 🞏 No**  **If yes, please provide details below:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

7. **Information about Relevant Persons**

*(Please do not leave any blanks. Please state “Nil” if there is no one in the category in question. If a Relevant Person has passed away, please state the person’s name and indicate “(deceased)” after the name. Please list all of P’s relatives in the categories set out below even if you are of the view that some or all of them are not, by definition, Relevant Persons. If you feel that certain relatives are not Relevant Persons, please set out your reasons in the space provided below.)*

|  |  |  |
| --- | --- | --- |
| **(a) P’s spouse** | | |
| **Full name** | **NRIC/FIN/Passport No.** | **Age** |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| **(b) P’s PARENTS** | | |
| **Full name** | **NRIC/FIN/Passport No.** | **Age** |
|  |  |  |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| **(c) P’s CHILDREN** | | |
| **Full name** | **NRIC/FIN/Passport No.** | **Age** |
|  |  |  |
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|  |  |  |

|  |  |  |
| --- | --- | --- |
| **(d) P’s SIBLINGS** | | |
| **Full name** | **NRIC/FIN/Passport No.** | **Age** |
|  |  |  |
|  |  |  |
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| --- | --- | --- | --- |
| **(e) OTHER RELEVANT PERSONS WHO ARE LIKELY TO HAVE AN INTEREST IN AN APPLICATION CONCERNING P**  (e.g. persons who have a close relationship with P, persons who have a legal duty to support P, persons who will benefit from P’s estate, persons who are responsible for P’s care) | | | |
| **Full name** | **NRIC/FIN/**  **Passport No.** | **Age** | **Relationship to P** |
|  |  |  |  |
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| --- |
| **(f) Have you obtained the consent of the Relevant Persons named above?**  ** Yes  No**  **You will normally have to obtain the consent of the Relevant Persons named above. If you have not done so, please explain why.** |

8. **Information about Orders Requested**

|  |
| --- |
| **(a) Of all relevant persons, why are you best suited to be**  **appointed the Deputy/Deputies for the patient?**  (*Please state the reasons why you believe the Court should appoint you as Deputy/Deputies*) |
| **(b) What is your proposed plan for the care of P? (“care**  **arrangements’)** |
| **(c) What is your proposed plan for the management of P’s**  **property and affairs? (“financial management plan”)** |
| **(d) Why do you require an Order under the Mental Capacity Act at this point in time?**    (*Please state the circumstances that may have required or led to this application being filed.*) |

9. I confirm that:

(a) there are no other relevant persons who may be interested in this application;

(b) there are no other relatives or friends who have a close relationship with P;

(c) there are no other persons who have a legal duty to support P;

(d) there are no other persons who will benefit from P’s estate; and

(e) there are no other persons who are responsible for P’s care.

10. I declare and undertake as follows:

(a) I understand my responsibilities if I am appointed as Deputy or Successor Deputy. In particular, I understand that I must act with honesty and integrity and ensure that my personal interests do not conflict with my duties as P’s deputy, and I will not use my position for any personal benefit.

(b) I will have regard to the Mental Capacity Act Code of Practice and act in accordance with the principles of the Mental Capacity Act. In particular, I will act and make decisions for P in P’s best interests.

(c) I will inform the Public Guardian if I have any reason to believe that P no longer lacks capacity and may be able to make his own decisions about the matters for which a deputy is sought to be appointed. I understand that I will not have the power to make a decision on P’s behalf in relation to a matter if I know or have reasonable ground for believing that P has capacity in relation to the matter.

11. I confirm that the documents exhibited herein and marked as “A” are true copies of the originals.

12. Upon the Court declaring that P lacks capacity to make decisions about the matters set out in the Applicant’s Form, I seek an order in terms of my application.

Sworn (or affirmed) by )

the abovenamed on )

this day of 20 )

at Singapore )

Before me,

Commissioner for Oaths

This is the exhibit marked “A” referred to in the affidavit of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [*name of applicant*] and sworn / affirmed before me on this \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [*date on which the affidavit is sworn or affirmed*].

Before me,

A Commissioner for Oaths

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| **Documents that prove the applicant’s relationship to P**  (e.g. Birth Certificate, Marriage Certificate, Adoption Order etc.) |  |
| **Documents relating to P’s assets**  (e.g. bank statements, CPF statements, CDP statements, insurance documents, title search documents etc.) |  |
| **Office of the Public Guardian search result showing if P has registered a Lasting Power of Attorney** |  |
| **Office of the Public Guardian search result showing if there is a past Mental Capacity Act or Mental Disorders And Treatment Act Order in respect of P** |  |
| **Wills Registry search result showing if P has registered a Will** |  |
| **A copy of P’s will** |  |
| **Other documents** |  |

***Note****: Please exhibit the documents in the order listed above.*