## CERTIFICATE BY SOLICITOR FOR PERSON UNDER DISABILITY

(Title as in action)

- I, [name] of [firm], solicitor for [name of litigation representative], the litigation representative, hereby certify that I know (or believe) that:
- (1) [name] is a minor (or a person lacking capacity) based on the following grounds [give the grounds of knowledge or belief];
- (2) \*(where the person under disability is a person lacking capacity) there is no person authorised under the Mental Capacity Act to conduct the proceedings in the cause or matter in question in the name of [the person lacking capacity] or on his or her behalf; and
- (3) the abovenamed [name of litigation representative] has no interest in the cause or matter in question adverse to that of the minor (or the person lacking capacity).

Issued by: Solicitor for the [state the party]
[Name, address, email address and telephone number of the solicitor]
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(*Use as appropriate)