# 59.

E-FORM

P.5, r.7 FJ(G)R 2024

Para 56 PD 2024

## Originating Application for Mental Capacity Act 2008

This Originating Application is to be used when making a deputyship application or applications under Sections 17, 18 and 19 of the Mental Capacity Act 2008.

This Originating Application form contains Notes to help you in the completion of the form. Please note that the Notes are **NOT** to be construed or regarded as a substitute for legal advice. Please seek legal advice if necessary.

This form, when submitted to the Court, will be generated in accordance with the layout of the generated Originating Application (Form 53).

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| This Notice serves as a reminder to the Applicant and does not appear as part of the issued Originating Application.  **IMPORTANT: Duty to consider amicable resolution**  Pursuant to the Family Justice (General) Rules 2024 (FJ(G)R), you are required to consider amicable resolution of the dispute before and after commencing Court proceedings. This means that you should either:  (a) explore alternative ways of settling the dispute without resorting to legal action OR  (b) make an offer to the other party to settle the dispute.  For more information on your obligations, please refer to the Information Sheet on Amicable Dispute Resolution and Part 4 of the FJ(G)R. |

### Section A: Details of Application

Please use **Section A1 to A4 (where applicable)** in the **Originating Application: Generic Sections (Form 53B)** to provide the details of application.

### Section B: The Parties

Please use **Section B** in the **Originating Application: Generic Sections (Form 53B)** to provide the Parties’ information.

### Section C: Parties’ Details

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| **Deputy Details** | | |
| 1. | Is the party asking for a deputy to be appointed?   |  | | --- | | No.  Yes. State the following details: |  |  |  |  | | --- | --- | --- | | **Name** | Enter full name as per NRIC/Passport here. | Enter full name as per NRIC/Passport here. | | **Date of birth** | Enter date here. | Enter date here. | | **Identity Type** | NRIC/FIN/Passport etc. | NRIC/FIN/Passport etc. | | **NRIC/ FIN/ Passport number** | Enter NRIC/ FIN/ Passport no. here. | Enter NRIC/ FIN/ Passport no. here. | | **Country of Issue** | Enter details here. | Enter details here. | | **Occupation** | Enter details here. | Enter details here. | | **Monthly Income** | Enter details here. | Enter details here. | | **Nature of Deputyship** | Select the applicable option | Select the applicable option | | **Address** | Enter address here. | Enter address here. | | **Employer** | Enter name and address of employer here. | Enter name and address of employer here. | | *Notes*  *Available options for selection: Property and Affairs, Personal Welfare, Personal Welfare and Property and Affairs.* |
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| **P’s / Donor’s Information** | | |
| 2*.* | P’s Name (as stated in NRIC/Passport)   |  | | --- | | Enter name here | |  |
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| 3. | P’s date of birth:Enter date here. |  |
| 4. | P’s identity type, identity number and country of issue   |  | | --- | | Enter identity type, identity number and the country of issue here. | |  |
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| 5. | Nature of Incapacity: Select the applicable option.  If “Others” is selected, please specify: Enter details here. | *Available options are: Accident, Alzheimer’s Disease, Dementia, Intellectual Disability, Mental Illness, Neurological Disorders, Psychiatric Disorders – Cognitive, Psychiatric Disorders – Developmental, Psychiatric Disorders – Psychotic, Psychiatric Disorders – Substance Related, Schizophrenia, Strokes, Others.* |
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| 6. | Marital Status: Select the applicable option | *Available options for selection: Single, Widowed, Divorced, Married, Unknown.* |
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| 7. | Type of Accommodation:   |  |  | | --- | --- | |  | Housing Development Board | |  | Nursing/Old Folks/Welfare Homes | |  | Private Housing | |  | Others: Enter details here | |  |  | |  |
| 8. | P’s address   |  | | --- | | Enter address here. | |  |
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| 9. | Number of relevant persons: Enter number here | *Relevant persons shall include children aged 21 and above.* |
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| 10. | Is P residing at an organisation providing residential accommodation (e.g. nursing home)?  Yes.  No. |  |
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| 11. | Does the party need the system to generate a Notice of Proceedings for service on Relevant Persons?  Yes.  No. |  |
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|  | *Proceed to* ***Section D***. |  |

### Section D: Relief(s) Claimed

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|  |  | *Notes* |
|  | Please state the relief(s) below. | *Please select the relevant prayer(s) or add prayers as required.* |
| 1. | Permission   |  | | --- | | The Applicant be permitted to make this application to the Court. | |  |
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| 2. | Dispensation   |  | | --- | | The Court dispenses with the following:   1. Notification of [Name of P] (“P”) of this application and of the date of the hearing for its final disposal. 2. Attendance of the following persons at all hearings for this application: 3. P; 4. Dr [state name of doctor] (ID No. [state number]) of [state address]. 5. Service of this application on [state names and ID numbers]. | | *There is a general requirement to notify P. As such, if the applicant seeks dispensation of notification, an explanation as to why dispensation is sought has to be included in the supporting affidavit.* |
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| 3. | That the Court be satisfied that   |  | | --- | | 1. [Name of P] (“P”) is unable to make various decisions for himself/herself\* in relation to a matter or matters concerning P’s  personal welfare  property and affairs  personal welfare and property and affairs because of an impairment of, or a disturbance in the functioning of, P’s mind or brain; 2. The purpose for which the order is needed cannot be as effectively achieved in a way that is less restrictive of P’s rights and freedom of action. | |  |
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| 4. | Appointment of Deputy/Deputies   |  | | --- | | 1. [State name] (ID No. [state number]) of [state address] is/are\* appointed as deputy/deputies\* to make decisions on behalf of P that P is unable to make for himself/herself\* in relation to his/her\*  personal welfare  property and affairs  personal welfare and property and affairs subject to any conditions or restrictions set out in this order. 2. The appointment will last until further order. 3. [The deputies shall act  jointly  jointly and severally in all matters] 4. The deputy/deputies\* must apply the principles set out in section 3 of the Mental Capacity Act 2008 and have regard to the guidance in the Code of Practice to the MCA. 5. The deputy/deputies\* does/do\* not have authority to make a decision on behalf of P in relation to a matter if the deputy/deputies\* know(s) or has/have\* reasonable grounds for believing that P has capacity in relation to the matter. 6. In the event the deputy or any of the deputies (where two or more deputies are appointed) dies, becomes a bankrupt (for a property and affairs deputy) or lacks mental capacity to act as deputy, the following are appointed to succeed that deputy in the stated order: 7. [State name] (ID No. [state number]) of [state address]. 8. [State name] (ID No. [state number]) of [state address]. 9. Upon the happening of such an event in paragraph (f), the surviving deputy or remaining deputy together with the successor deputy are to inform the Office of the Public Guardian and to apply to Court providing evidence of the event for the Court to confirm the appointment of the successor deputy. | | *To also include whether or not the deputies act jointly/jointly and severally at the appropriate paragraphs on the deputies’ authority and powers in this Originating Application.*  *The prayer for successor deputy or deputies should only be included if there is a need for a successor deputy or deputies to be appointed, for example, if the proposed deputy is likely to predecease P.* |
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| 5. | Authority of Deputy/Deputies\* in respect of P’s personal welfare   |  | | --- | | 1. The Court grants authority to the deputy/deputies\* to make the following decisions on behalf of P, that P is unable to make for himself/herself\* when the decision needs to be made: 2. where P should live; 3. with whom P should live; 4. consenting to medical or dental examination and treatment on P's behalf; 5. making arrangements for the provision of care services; and 6. complaints about P's care or treatment. 7. [to state any other matters for which power is sought for deputy/deputies\* to make decision] 8. For the purpose of giving effect to any decision the deputy/deputies\* may execute or sign any necessary deeds or documents. 9. The deputy/deputies\* does/do\* not have the authority to make the following decisions or to do the following things in relation to P: 10. to prohibit any person from having contact with P; 11. to direct a person responsible for P's health care to allow a different person to take over that responsibility; 12. to consent to specific treatment if P has made a valid and applicable advance decision to refuse that specific treatment; and 13. to do an act that is intended to restrain P otherwise then in accordance with the conditions specified in the MCA. | |  |
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| 6. | Authority of Deputy/Deputies\* in respect of the property and affairs of P   |  |  | | --- | --- | | 1. The deputy/deputies is/are authorised to do all such acts as may be necessary or expedient for giving effect to the decisions made in respect of P's property and affairs pursuant to this Order of Court including, but not limited to the authority to: 2. execute and sign any necessary deeds or documents; 3. take control of the property and affairs of P; and 4. exercise the same powers of management as P has as beneficial owner. 5. The deputy/deputies\* is/are\* authorised to do the following:  |  | | --- | | Enter the relevant powers sought here. | | |  |
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| 7. | Authority of Deputy/Deputies\* in respect of CPF monies and accounts of P [where applicable]   |  | | --- | | [Please refer to the sample CPF orders on the website of the Family Justice Courts] | |  |
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| 8. | Costs and Expenses   |  | | --- | | The deputy/deputies\* is/are\* authorised to make payment of reasonable legal costs and disbursements of and incidental to these proceedings from P's estate. | |  |
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| 9. | Reports   |  | | --- | | 1. The deputy/deputies\* is/are\* (jointly) required to keep a record of any decisions made or acts done for the personal welfare of P pursuant to this order and the reasons for making or doing them. 2. The deputy/deputies\* is/are\* (jointly) required to keep statements, vouchers, receipts and other financial records in the administration of P's property and affairs. The deputy/deputies\* is/are\* also (jointly) required to keep a record of decisions made or acts done relating to P's property and affairs. 3. The deputy/deputies\* must (jointly) complete and file an annual report relating to P's personal welfare and property and affairs to the Public Guardian and further reports at any time as may be required by the Public Guardian. In addition, the deputy/deputies\* must (jointly) complete and file a report relating to P’s personal welfare and property and affairs to the Public Guardian within 3 months of the date of this Order. 4. Reports to the Public Guardian must contain such information and be in such form as may be required by the Public Guardian and must contain (but are not limited to) the following: 5. a record of any decisions made or acts done for the personal welfare of P and the reasons for making or doing them; 6. a record of decisions made or acts done relating to P's property and affairs; 7. an inventory of the assets belonging to P and the value and location of the assets; and 8. statements, vouchers, receipts and other financial records in the administration of P's property and affairs. | | *For example, a decision that P will not undergo a medical procedure is to be recorded and the reason to be provided.*  *For example, a decision not to expend monies for a medical procedure for P which is medically indicated is to be recorded and the reason to be provided.* |
| 10. | There be liberty to apply.   |  | | --- | | State the relief(s) which you are claiming here. | |  |