



3.

**DETAILS OF PROPOSED FAMILY COUNCIL**

Family Council One:

Full Name

Residential Address:

Relationship to the Patient:

Family Council Two:

Full Name

Residential Address:

Relationship to the Patient:

Family Council Three:

Full Name

Residential Address:

Relationship to the Patient:

Are the proposed Guardian and the Family Council the closest relatives to the patient?

YES/NO

If the answer to the last question is No:

(a) Explain why the closest relatives are not able to act as Guardians or as members of the Family Council:

(b) Are the closest relatives aware that this application is being made?

YES/NO

4. To the best of my knowledge the Patients Estate comprises:-

(a) Real Property situate in the Bailiwick of Guernsey:

-----  
-----  
-----

- (b) Personal Estate other than furniture and personal effects (e.g. bank accounts, stocks and shares etc.,)

-----  
-----  
-----

5. I understand that if I am appointed the Patients Guardian:-

- (a) I will render a full account of my administration of the Patients Estate if called upon to do so;
- (b) I will keep the Family Council reasonably informed of the course of my Administration of the Patients Estate.

**6. THE MEDICAL EVIDENCE**

Name and Address of The Patients regular medical attendant:-

-----  
-----

EITHER:

The Doctor will attend to give evidence orally and has been warned by me to attend\*

OR

The Doctor will give evidence by affidavit, which is attached hereto\*

(\*Delete whichever is not applicable)

I further understand that at the hearing of my application by the Court I will be required to swear an oath that the particulars contained herein are correct.

Dated this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_

Signed.....  
Applicant/Advocate for the Applicant