**IN THE COURT OF ALDERNEY**

# APPLICATION FOR GUARDIANSHIP

In the matter of the application for the Guardianship of……………………………… (“the Patient”)

**To: The Clerk of the Court of Alderney**

I/We the persons named in Paragraph 1 hereof hereby give you notice of my/our intention to apply to be sworn as Guardian(s) of the Patient described in Paragraph 2 hereof and for this purpose hereby make oath and swear as follows:-

1. **DETAILS OF APPLICANT(S)**

## Applicant One:-

Full Name:

Residential Address:

Occupation:

Marital Status:

**Applicant Two:**

Full Name:

Residential Address:

Occupation:

Marital Status:

1. **DETAILS OF PATIENT**

Full Name:

Permanent Address:

Former address of Patient if hospitalised:

Date and Place of Birth of Patient:

Relationship of the Patient to the Applicant(s)

1. **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:

1. Explain why the closest relatives are not able to act as Guardians or as members of the Family Council:
2. Are the closest relatives aware that this application is being made?

YES/NO

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

1. Real Property situate in the Bailiwick of Guernsey:

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1. Personal Estate other than furniture and personal effects

(e.g. bank accounts, stocks and shares etc.,)

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

1. I will render a full account of my administration of the Patients Estate if

called upon to do so;

1. I will keep the Family Council reasonably informed of the course of my

Administration of the Patients Estate.

1. **THE MEDICAL EVIDENCE**

Name and Address of The Patients regular medical attendant:-

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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

When processing your personal data, this office is compliant with the Data Protection (Bailiwick of Guernsey) Law, 2017. For more information about how this office processes your personal data, please view the Fair Processing Notice available at the Court Office Public Counter or on the Privacy section of the Court of Alderney website [www.courtofalderney.gg](http://www.courtofalderney.gg)