

FORM 1
IN THE ROYAL COURT OF GUERNSEY

In the matter of the application for the Guardianship of
("the Patient")

To: H.M. Greffier

I, the person named in Paragraph 1 hereof, hereby give you notice of my intention to apply to be sworn as Guardian of the Patient described in Paragraph 2 hereof and for this purpose hereby make oath and swear as follows:-

1. DETAILS OF APPLICANT

Full names of the proposed Guardian:

Residential Address:

Occupation:

Marital status:

2. DETAILS OF PATIENT

Full names of the Patient (including in the case of a woman who has been married her maiden name):

Present address of Patient:

Former address of Patient if hospitalised:

Date and place of birth of Patient:

Relationship of the Patient to the applicant (if any):

3. DETAILS OF PROPOSED FAMILY COUNCIL

(i) Full names and address:

Relationship to the Patient:

(ii) Full names and address:

Relationship to the Patient:

(iii) Full names and 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:

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

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

4. To the best of my knowledge the Patient's Estate comprises:-

Real property situate in the Bailiwick of Guernsey (give brief particulars – if none write "None"):

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

5. I understand that if I am appointed the Patient's Guardian:-

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

6. CONCERNING THE MEDICAL EVIDENCE

Name of the Patient's regular medical attendant and his/her address:

EITHER

The doctor will attend to give evidence orally and has been warned by me to come:*

OR

The doctor will give evidence by affidavit, which is attached hereto.

*Delete as not applicable

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

SWORN by the aforesaid

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At Guernsey, this

day of 20 , before me:

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Notary Public