Applying on behalf of someone over 18 who is legally incapable of managing their own affairs

Injured person's full name

Is the person incapable of managing their own affairs under the Mental Capacity Act 2005 (England and Wales) or Adults with Incapacity (Scotland) Act 2000? **Yes** ☐ **No** ☐

Do you have legal responsibility for this person? (You must attach documents to prove this) **Yes** ☐ **No** ☐

Please put your details below and not the injured person's details.

a) Title (Miss, Mr, Mrs, Ms, etc):

b) Last name:

c) First name:

d) Any other name(s) you have used:

e) Date of birth: d d m m y y y y

f) Address and postcode:

Postcode

g) Contact phone number: 0

h) Email address:

i) Relationship to the applicant (for example parent, guardian, social worker):