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SCHEDULE

Rule 3(3)

FORM 20 FORM OF NOTICE OF AN APPLICATION UNDER THE ADULTS WITH INCAPACITY (SCOTLAND) ACT 2000

Rule 3.16.4(1)

FORM OF NOTICE OF AN APPLICATION UNDER THE ADULTS WITH INCAPACITY (SCOTLAND) ACT 2000

To *(insert name and address)*

Attached to this notice is a copy of an application for *(insert type of application)* under the Adults with Incapacity (Scotland) Act 2000.

The hearing will be held at *(insert place)* on *(insert date)* at *(insert time)*

You may appear personally at the hearing of this application.

In any event, if you are unable or do not wish to appear personally you may appoint a legal representative to appear on your behalf.

If you are uncertain as to what action to take you should consult a solicitor. You may be eligible for legal aid, and you can obtain information about legal aid from any solicitor. You may also obtain information from any Citizens Advice Bureau or other advice agency.

If you do not appear personally or by legal representative, the sheriff may consider the application in the absence of you or your legal representative.

(insert place and date)

(signed)

Sheriff Clerk
or
[P.Q.], Sheriff Officer
or
[X Y.], Solicitor

FORM 21 FORM OF NOTICE TO MANAGERS

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Rule 3.16.4(3)

To *(insert name and address of manager)*

A copy of an application made under the Adults with Incapacity (Scotland) Act 2000 and notice of hearing is sent with this notice.

1. You are requested to deliver it personally to *(name of adult)* and to explain the contents of it to him or her.
2. You are further requested to complete and return to the sheriff clerk in the enclosed envelope the certificate (Form 22) appended hereto before the date of the hearing.

(insert place and date)

(signed)

Sheriff Clerk
 or
 [P.Q.], Sheriff Officer
 or
 [X.Y.], Solicitor

FORM 22 FORM OF CERTIFICATE OF DELIVERY BY MANAGER

Rule 3.16.4(4)

I, *(insert name and designation)*, certify that—

I have on *(insert date)* personally delivered to *(name of adult)* a copy of the application and the intimation of the hearing and have explained the contents to him/her.

Date *(insert date)*

(signed)

Manager

(add designation and address)

FORM 23 SUMMARY APPLICATION UNDER THE ADULTS WITH INCAPACITY (SCOTLAND) ACT 2000

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Rule 3.16.7(1)

SHERIFFDOM OF *(insert name of sheriffdom)*

AT *(insert place of Sheriff Court)*

[A.B.] *(design and state capacity in which the application is made)*, Pursuer

The applicant craves the court *(state here the specific order(s) sought by reference to the provisions in the Adults with Incapacity (Scotland) Act 2000)*

STATEMENTS OF FACT

(State in numbered paragraphs the facts on which the application is made, including:

1. *The designation of the adult concerned (if other than the applicant).*
2. *The designation of:*
 - (a) the adult's nearest relative;*
 - (b) the adult's primary carer;*
 - (c) any guardian, continuing attorney or welfare attorney of the adult; and*
 - (d) any other person who may have an interest in the application.*
3. *The adult's place of habitual residence and/or the location of the property which is the subject of the application.)*

(insert place and date)

(signed)

[A.B.], Pursuer
or
[X.Y.], *(state designation and business address)*
Solicitor for the Pursuer

Note. This Form should not be used for appeals to the Sheriff. Appeals should be made in Form 24.

FORM 24APPEAL TO THE SHERIFF UNDER THE ADULTS WITH INCAPACITY (SCOTLAND) ACT 2000

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Rule 3.16.7(2)

SHERIFFDOM OF *(insert name of sheriffdom)*

AT *(insert place of Sheriff Court)*

[A.B.] *(design and state capacity in which the appeal is being made)*, Pursuer

This appeal is made in respect of *(state here the decision concerned, the date on which it was intimated to the pursuer, and refer to the relevant provisions in the Adults with Incapacity (Scotland) Act 2000).*

A copy of the decision is produced.

(State here, in numbered paragraphs:

1. *The designation of the adult concerned (if other than the applicant).*
2. *The designation of:*
 - (a) *the adult's nearest relative;*
 - (b) *the adult's primary carer;*
 - (c) *any guardian, continuing attorney or welfare attorney of the adult; and*
 - (d) *any other person who may have an interest in the application.*
3. *The adult's place of habitual residence and/or the location of the property which is the subject of the application.)*

The pursuer appeals against the decision on the following grounds *(state here in separate paragraphs the grounds on which the appeal is made).*

The pursuer craves the court *(state here orders sought in respect of appeal).*

(insert place and date)

(signed)

[A.B.] Pursuer
or
[X.Y.] *(state designation and business address)*
Solicitor for the Pursuer