



Reply to Capacity Application (Form 55C)

Part 5 of the Assisted Decision Making (Capacity) Act 2015, as amended

Complete this form if you wish to respond to a Capacity application

Record Number:

Circuit

County

A) Application details:

Relevant Person First name:

Surname:

Name of applicant(s):

Hearing date (DD/MM/YYYY):

B) Your response as the Relevant Person:

How would you like to respond to the application? (please select one)

I **do not object** to the application

I **do not agree** with the application

If you **do not agree** with the application, please give your reasons (more space is available on the next page):

B) Your response as the Relevant Person (continued):

If you **do not** agree with the application, please outline your reasons (continued):

Please set out any further information which you think should be brought to the Court's attention:

C) Court hearing:

If you are attending the hearing and require special assistance or facilities please list them below:

D) Additional information:

If you need extra space to complete your application, please continue writing your answer below, clearly marking which section of the form you are referring to.

E) Signature:

Signature of Relevant Person/
Solicitor for Relevant Person(s):

Date (DD/MM/YYYY):

Solicitor Details (if applicable)

Name of Solicitor:

Name and Address of
Legal Firm:

Solicitor Email:

Solicitor Phone Number:

F) To:

Name and Address of
Court office:

Name and Address of
Applicant: