

**Status:** This is the original version (as it was originally made). This item of legislation is currently only available in its original format.

SCHEDULE 1

Regulation 3(a)

**Application to Mental Welfare  
Commission for recall of  
powers of a guardian relating to  
personal welfare**

**AWI[11]**  
ADULTS WITH INCAPACITY (SCOTLAND) ACT  
2000  
Section 73(3)

**PART A PERSON MAKING THE APPLICATION**

(Give your full name and name of local authority for whom you are acting in this case if applicable or provide details of your interest in the personal welfare of the adult.)

Name	<input type="text"/>
Local authority/ statement of interest	<input type="text"/>
Address	<input type="text"/>
Post Code	<input type="text"/>
Tel No	<input type="text"/>
E-mail	<input type="text"/>

**PART B THE ADULT**

This application is for recall of the powers of a guardian/guardians relating to the personal welfare of:

<input type="text"/>	(name)
of	
<input type="text"/>	(address including postcode)
<input type="text"/>	(DOB)

(Give full name, address and date of birth of the adult or insert "as above" if adult is person making the application)

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**PART C      DETAILS OF GUARDIANSHIP**

(Insert date, court and court case number if known )	The guardianship order currently in force to which this application relates was made on: Court : Court case number:
(Insert name and address)	The guardianship order appointed the following person(s) as guardian(s) with powers relating to personal welfare:  Name: Address:  Post Code: Tel no: Fax No: e-mail address:  <b>Note: If available please provide a copy of the guardianship order</b>

Where the chief social work officer was appointed guardian, the officer responsible under section 64(9) of the Act to carry out the functions and duties of guardian is:

(Insert name and contact details or delete as applicable)	Name: Address:  Post Code: Tel no: Fax No: e-mail address:
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The guardianship order also appointed the following person(s) as guardian(s) with powers relating to property or financial affairs:

(Insert details or delete as applicable)	Name(s): Address(es):  Post Code Tel no: Fax No: e-mail address:
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**PART D      GROUNDS ON WHICH RECALL IS SOUGHT**

(Delete (a) or (b), unless both apply.)

*NB: the applicant must ensure that the doctor providing such a report is informed of the powers in the order.*

(Describe alternatives proposed)

<p>I apply for the powers relating to personal welfare in the order described in Part C above to be recalled because:</p> <p>(a) the grounds for appointment of a guardian with such powers are no longer fulfilled (this could relate to either the adult's capacity or the adult's needs).</p> <p>(Explain why this is the case and, if applicable, attach a report by a medical practitioner stating that the adult is no longer incapable in relation to decisions about, or of acting to safeguard or promote his interests in his/her personal welfare, in relation to the matters covered in the guardianship order.)</p> <p>(b) the interests of the adult in his/her personal welfare can be satisfactorily safeguarded or promoted otherwise than by guardianship. (Describe the alternative means by which the adult's interests are to be safeguarded or promoted.)</p>
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**PART E CONSULTATION**

In making the application, I have consulted the following persons:

1.

(State the past and present wishes and feelings of the adult about the proposed recall of guardianship, so far as you have been able to ascertain them. If you have not been able to ascertain the adult's wishes and feelings, please explain the barriers to this and explain the efforts you made to help the adult overcome these barriers.)

2.

Name:   
Address

Relationship to adult:

(State the views of the nearest relative on the proposed recall if you have obtained these. Do you agree with these views? If you have not obtained these views, why was it not reasonable or practicable to do so?) Note: the nearest relative of the adult should not be consulted where an order to that effect has been made under section 4 of the Act.

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3.

Name:   
Address

Relationship to adult:

(State the views of the primary carer on the proposed recall if you have obtained these. Do you agree with these views? If you have not obtained these views, why was it not reasonable or practicable to do so?)

4.

Name(s):

Appointment e.g. financial guardian

(State the views of any guardian named at Part (C) on the proposed recall if you have obtained these. Do you agree with these views? If you have not obtained these views, why was it not reasonable or practicable to do so?).

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5. The views of any other relevant person including any other guardian, continuing or welfare attorney which have been made known to you and any person whom the sheriff has directed to be consulted

Name:

Address:

Connection to adult

(State the views of any other relevant person which have been made known to you and which are relevant to the proposed recall. Do you agree with these views?) (Continue on a separate sheet if there is more than one such person.)

**PART F CONCLUSION**

List any other matters which seem to you to be relevant.

Sign and date the form

Signed:

Date: