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STATUTORY INSTRUMENTS

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**2002 No. 1944**

**POWERS OF ATTORNEY,  
ENGLAND AND WALES  
MENTAL HEALTH, ENGLAND AND WALES**

The Court of Protection (Enduring Powers  
of Attorney) (Amendment No. 2) Rules 2002

<i>Made</i>	- - - -	<i>23rd July 2002</i>
<i>Laid before Parliament</i>		<i>26th July 2002</i>
<i>Coming into force</i>	- -	<i>31st August 2002</i>

The Lord Chancellor, in exercise of the powers conferred upon him by sections 106 and 108 of the Mental Health Act 1983(1), makes the following Rules:

**Citation, commencement and interpretation**

1.—(1) These Rules may be cited as the Court of Protection (Enduring Powers of Attorney) (Amendment No. 2) Rules 2002 and shall come into force on 31st August 2002.

(2) In these Rules references to a rule by number alone mean the rule so numbered in, and references to a Schedule by number alone mean the Schedule so numbered to, the Court of Protection (Enduring Powers of Attorney) Rules 2001(2).

**Amendments to Court of Protection (Enduring Powers of Attorney) Rules 2001**

2. For rule 3(2)(c) there shall be substituted—

- “(c) a form referred to by a letter alone means—
- (i) the form so designated in Schedule 1 (“the core form”); or
  - (ii) a form published by the court which differs in immaterial respects, in wording or layout (or both), from the core form; or
  - (iii) a form to the same effect as the core form or as a form satisfying subparagraph (ii) above with such variations as circumstances may require and the court may approve; or

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(1) 1983 c. 20.

(2) S.I. 2001/825; there are no relevant amending instruments.

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(iv) a Welsh translation of the core form or of a form satisfying sub-paragraph (ii) or (iii) above.”.

3. In Schedule 1, for Form EP2 there shall be substituted the form set out in the Schedule to these Rules.

**Transitional provisions**

4. In relation to an application to register an enduring power of attorney which is received by the court on or after 31st August 2002 but before 28th February 2003 the reference in rule 7 to Form EP2 shall be treated as including a form which would have satisfied the requirements of Form EP2 if these Rules had not been made.

23rd July 2002

*Irvine of Lairg, C*

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SCHEDULE

Rule 3

NEW FORM EP2

Page 1 of 6

Form EP2  
**Court of Protection**  
**Enduring Powers of Attorney Act 1985**



**Application for Registration**

**IMPORTANT:** Please complete the form in **BLOCK CAPITALS** using a **black ballpoint pen**. For circled options please completely fill-in the appropriate choice.

**Part One - The Donor**

Please state the full name and present address of the donor. State the donor's first name in 'Forename 1' and the donor's other forenames/initials in 'Other Forenames'. If the donor's address on the enduring power of attorney is different give that one too. If necessary, complete several parts of the address on each Address line shown.

Mr  Mrs  Ms  Miss  Other  If Other, please specify here:

Last Name:

Forename 1:

Other Forenames:

Address 1:

Address 2:

Address 3:

Town/City:

County:

Postcode:

Address on the enduring power of attorney (if different from above) :

Address 1:

Address 2:

Town/City:

County:  Postcode:

You can find the donor's date of birth in Part B of the enduring power of attorney.

Donor Date of Birth:       If the exact date is unknown please state the year of birth

D D M M Y Y Y Y

**Part Two - Attorney One**

Please state the full name and present address of the attorney. If applicable, include the Company Name in 'Address 1'.

Mr  Mrs  Ms  Miss  Other  If Other, please specify here:

Last Name:

Forename 1:

Other Forenames:

*Continued overleaf*

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Page 2 of 6		<b>Part Two - Attorney One cont'd</b>	
Address 1:			
Address 2:			
Address 3:			
Town/City:			
County:			
Postcode:		DX No. (solicitors only):	
DX Exchange (solicitors only):			
Attorney Date of Birth:		Occupation:	
	D D M M Y Y Y Y		
Email Address:			Daytime Tel No.:
			(STD Code):
Relationship to donor: Other No Other			
Spouse	Child	Relation	Relation Solicitor Other Professional
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
			If 'Other Relation' or 'Other Professional', specify relationship:
<b>Part B of the enduring power of attorney states whether the attorney is to act jointly, jointly and severally, or alone.</b>			
Appointment (please fill the appropriate circle):			
	Jointly	Jointly and Severally	Alone
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Part Three - Attorney Two</b>			
Please state the full name and present address of the second attorney. If applicable, include the Company Name in 'Address 1'.			
Mr	Mrs	Ms	Miss Other
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
			If Other, please specify here:
Last Name:			
Forename 1:			
Other Forenames:			
Address 1:			
Address 2:			
Address 3:			
Town/City:			
County:			
Postcode:		DX No. (solicitors only):	
DX Exchange (solicitors only):			
Continued overleaf			

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Page 3 of 6		<b>Part Three - Attorney Two cont'd</b>			
Attorney Date of Birth:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> D D M M Y Y Y Y	Occupation:	<input type="text"/>		
Daytime Tel No.:	<input type="text"/>				
Email Address:	<input type="text"/>				
Relationship to donor:					
Spouse	Child	Other Relation	No Relation		
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
Solicitor	Other Professional	If 'Other Relation' or 'Other Professional', specify relationship:			
<input type="radio"/>	<input type="radio"/>	<input type="text"/>			
<b>Part Four - Attorney Three</b>					
Please state the full name and present address of the third attorney. If applicable, include the Company Name in 'Address 1'.					
Mr	Mrs	Ms	Miss	Other	If Other, please specify here:
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Last Name:	<input type="text"/>				
Forename 1:	<input type="text"/>				
Other Forenames:	<input type="text"/>				
Address 1:	<input type="text"/>				
Address 2:	<input type="text"/>				
Address 3:	<input type="text"/>				
Town/City:	<input type="text"/>				
County:	<input type="text"/>				
Postcode:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	DX No. (solicitors only):	<input type="text"/>		
DX Exchange (solicitors only):	<input type="text"/>				
Attorney Date of Birth:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> D D M M Y Y Y Y	Occupation:	<input type="text"/>		
Daytime Tel No.:	<input type="text"/>				
Email Address:	<input type="text"/>				
Relationship to donor:					
Spouse	Child	Other Relation	No Relation	Other	If 'Other Relation' or 'Other Professional', specify relationship:
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
If there are additional attorneys, please complete the above details in the 'Additional Information' section (at the end of this form).					

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Page 4 of 6 **Part Five - The Enduring Power of Attorney**

The date is the date that the donor signed the enduring power of attorney.  
 You can find this in Part B of the enduring power of attorney.

I (We) the attorney(s) apply to register the enduring power of attorney made by the donor under the above Act, the original of which accompanies this application.

I (We) have reason to believe that the donor is or is becoming mentally incapable.

Date of enduring power of attorney:           To your knowledge, has the donor made any other enduring power of attorney? Yes  No

D D M M Y Y Y Y

If 'Yes', please give details below including registration date if applicable:

**Part Six - Notice of Application to Donor**

Notice must be given personally to the donor. It should be made clear if someone other than the attorney(s) gives the notice.  
 I (We) have given notice of the application to register in the prescribed form (EPI) to the donor personally.

If someone other than the attorney gives notice to the donor please complete the name, address and date details below:

Full Name:

Address 1:

Address 2:

Town/City:

County:  Postcode:

On this date:

D D M M Y Y Y Y

**Part Seven - Notice of Application to Relatives**

If there are no relatives entitled to notice please ensure that the circle is filled below.

Please fill-in the circle if no relatives are entitled to notice:

I (We) have given notice to register in the prescribed form (EPI) to the following relatives of the donor:

Name	Relationship to Donor	Address	
<input type="text"/>	<input type="text"/>	<input type="text"/>	Date notice given: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	D D M M Y Y Y Y
<input type="text"/>	<input type="text"/>	<input type="text"/>	Date notice given: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	D D M M Y Y Y Y
<input type="text"/>	<input type="text"/>	<input type="text"/>	Date notice given: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	D D M M Y Y Y Y
<input type="text"/>	<input type="text"/>	<input type="text"/>	Date notice given: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	D D M M Y Y Y Y

*Continued overleaf*

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Page 5 of 6		<b>Part Seven - Notice of Application to Relatives cont'd</b>	
<p>If there are additional relatives please complete the Relative Name, Relationship, Address and Date details in the 'Additional Information' section (at the end of this form).</p>			
Name	Relationship to Donor	Address	
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	
			Date notice given: <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> D D M M Y Y Y Y
<b>Part Eight - Notice of Application to Co-Attorney(s)</b>			
<p>Do not complete this section if it does not apply. If there are additional co-attorneys please complete the Attorney Name, Relationship, Address and Date details in the 'Additional Information' section (at the end of this form).</p>			
Are all the attorneys applying to register?		Yes	No
		<input type="radio"/>	<input type="radio"/>
If no, I (We) have given notice to my (our) co-attorney(s) as follows:			
Name	Relationship to Donor	Address	
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	
			Date notice given: <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> D D M M Y Y Y Y
Name	Relationship to Donor	Address	
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	
			Date notice given: <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> D D M M Y Y Y Y
<b>Part Nine - Fees</b>			
<p>Guidelines on remission postponement of fees can be obtained from the Court of Protection.</p>			
Have you enclosed a cheque for the registration fee for this application?		Yes	No
		<input type="radio"/>	<input type="radio"/>
Do you wish to apply for postponement or remission of the fee?		Yes	No
		<input type="radio"/>	<input type="radio"/>
If yes, please give details below:			
<input style="width: 100%; height: 20px;" type="text"/>			
<input style="width: 100%; height: 20px;" type="text"/>			
<input style="width: 100%; height: 20px;" type="text"/>			
<input style="width: 100%; height: 20px;" type="text"/>			
<input style="width: 100%; height: 20px;" type="text"/>			
<input style="width: 100%; height: 20px;" type="text"/>			
<b>Part Ten - Declaration</b>			
<p>Note: The application should be signed by all attorneys who are making the application. This must not pre-date the date(s) when the notices were given.</p>			
I (We) certify that the above information is correct and that to the best of my (our) knowledge and belief I (We) have complied with the provisions of the Enduring Powers of Attorney Act 1985 and all of the Rules and Regulations.			
Signed:	<input style="width: 100%;" type="text"/>	Dated:	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> D D M M Y Y Y Y
Signed:	<input style="width: 100%;" type="text"/>	Dated:	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> D D M M Y Y Y Y
Signed:	<input style="width: 100%;" type="text"/>	Dated:	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> D D M M Y Y Y Y
<i>Continued overleaf</i>			

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Page 6 of 6		<b>Part Eleven - Correspondence Address</b>				
<b>Please state the address to which the correspondence should be sent if this is different to the address of Attorney One. State the full name and present address. If applicable, include the Company Name in Address Line 1.</b>						
Mr	Mrs	Ms	Miss	Other	If Other, please specify here:	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
Last Name:						
Forename 1:						
Other Forenames:						
Address 1:						
Address 2:						
Address 3:						
Town/City:						
County:						
Postcode:					DX No.	
					(solicitors only):	
DX Exchange (solicitors only):						
Daytime Tel No.:	(STD Code):					
Email Address:						
<b>Part Twelve - Additional Information</b>						
<b>Please write down any additional information to support this application in the space below. If necessary attach additional paper to the end of this form.</b>						



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## EXPLANATORY NOTE

*(This note is not part of the Rules)*

These rules amend the Court of Protection (Enduring Powers of Attorney) Rules 2001 (S.I.2001/825) so as to substitute a new version of Form EP2, the form prescribed for an application to the court to register an enduring power of attorney. They also permit the court to publish versions containing immaterial variations from those set out in Schedule 1 to the 2001 Rules.