

In the High Court of Justice in Northern Ireland
FAMILY DIVISION
Office of Care and Protection

CERTIFICATE OF SERVICE

In the Matter of (name of Patient)_____

I, _____ of _____

hereby certify as follows:

(Insert full Name, Address and Occupation of person serving document)

On the _____ day of _____ 20____ at _____ o'clock in the _____ noon

I served the above named Patient at _____

In the County of _____ with a notice in the following form
dated the _____ day of _____ 20____ by delivering to and leaving
with him / her personally such notice: -

To: (name of Patient)_____

1. You are hereby notified and informed that an application has been received for the appointment of :- _____ (name of person(s) applying to become Controller)

.....or some other fit and proper person to manage and administer your property under the direction of the above named Office.

2. The application is made with a view to protecting your property during your illness.
3. If you have any objection to make you are at liberty to do so by letter addressed as follows:

THE MASTER
Office of Care and Protection
Royal Courts of Justice
BELFAST BT1 3JF

4. An Order will not be issued until ten days has elapsed from the day when you received this communication.

Signed _____ Dated _____
(Signature of person who served notice of application)

This Certificate of Service should be completed by the person handing the Notice of Application to the Patient and then returned to the Office of Care and Protection.