

**Certificate of service/non-service
notification/non-notification**

Please refer to the guidance note COP21B before completing this form

Full name of person to whom the application relates
(this is the person who lacks, or is alleged to lack, capacity)

Section 1 - Details of the person who provided service/notification

1.1 Full name:

1.2 In what capacity are you serving/providing notice? (Please see guidance)

As the:

- | | |
|--|---|
| <input type="checkbox"/> Applicant | <input type="checkbox"/> Respondent |
| <input type="checkbox"/> Applicant's solicitor | <input type="checkbox"/> Respondent's solicitor |
| <input type="checkbox"/> Applicant's litigation friend | <input type="checkbox"/> Respondent's litigation friend |
| <input type="checkbox"/> Agent | |
| <input type="checkbox"/> Other (Please give details) | |

Section 2 – People served (See Section 3 for people notified)

2.1 Title or description of the document (tick only one box)

- ☐ Application form (plus supporting evidence)
- ☐ Appellant's notice
- ☐ Respondent's notice
- ☐ Other (Please give details)

Please photocopy this sheet before use if additional people need to be served

2.2 In respect of all served

1. Respondent's name

Date of service

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

Address of service

Method of service

- ☐ 1st class post ☐ fax
- ☐ in person ☐ other electronic means
- ☐ DX ☐ permitted address
- ☐ alternative method as directed by court order

2. Respondent's name

Date of service

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

Address of service

Method of service

- ☐ 1st class post ☐ fax
- ☐ in person ☐ other electronic means
- ☐ DX ☐ permitted address
- ☐ alternative method as directed by court order

3. Respondent's name

Date of service

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

Address of service

Method of service

- ☐ 1st class post ☐ fax
- ☐ in person ☐ other electronic means
- ☐ DX ☐ permitted address
- ☐ alternative method as directed by court order

4. Respondent's name

Date of service

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

Address of service

Method of service

- ☐ 1st class post ☐ fax
- ☐ in person ☐ other electronic means
- ☐ DX ☐ permitted address
- ☐ alternative method as directed by court order

Section 3 – People notified Please photocopy this sheet before use if additional people need to be notified

I have given notice of issue of application form (COP15) to the following:

1.Name of person notified

Date of notification

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

Address of notification

Method of notification

- ☐ 1st class post ☐ fax
☐ in person ☐ other electronic means
☐ DX ☐ permitted address
☐ alternative method as directed by court order

2.Name of person notified

Date of notification

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

Address of notification

Method of notification

- ☐ 1st class post ☐ fax
☐ in person ☐ other electronic means
☐ DX ☐ permitted address
☐ alternative method as directed by court order

3.Name of person notified

Date of notification

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

Address of notification

Method of notification

- ☐ 1st class post ☐ fax
☐ in person ☐ other electronic means
☐ DX ☐ permitted address
☐ alternative method as directed by court order

4.Name of person notified

Date of notification

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

Address of notification

Method of notification

- ☐ 1st class post ☐ fax
☐ in person ☐ other electronic means
☐ DX ☐ permitted address
☐ alternative method as directed by court order

Section 4 – Non-service/Non-notification

I could not serve/give notice to:

1. Name

Reason:

2. Name

Reason:

3. Name

Reason:

Section 5 – Statement of truth

The statement of truth must be signed by the person who served/provided notification.

I believe that the facts stated in this certificate are true.

Signed

Date

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

Name

**Name
of firm**

**Position or
office held**

Please return the completed certificate to:

Court of Protection, PO Box 70185, First Avenue House, 42-49 High Holborn, London WC1A 9JA
DX 160013 Kingsway 7

Note:

No other forms need to be attached with this form. However, it may assist the court if your completed **COP20A** and **COP20B** could be returned at the same time.
