ADULTS WITH INCAPACITY (SCOTLAND) ACT 2000



Application to Sell an Adult's Dwelling House

PUBLIC GUARDIAN'S REF:	PG/
1. Details of Adult	
NAME OF ADULT:	
CURRENT ADDRESS:	
POST CODE:	
2. Details of Guard	dian
NAME OF GUARDIAN:	
CURRENT ADDRESS:	
POST CODE:	
TELEPHONE NO:	
E-MAIL ADDRESS:	
DATE YOU WERE APPOIN	ITED BY THE COURT:

3. Consent to Sell Property

Address of the accommo	dation you propose to sell:
ADDRESS:	
POST CODE:	
concerned. You should als secure suitable accommo purchase other accommo	explain why you intend to sell the accommodation so indicate what arrangements have been made to edation for the adult. For example, is it the intention to edation for the benefit of the adult? Please give as can. You should also demonstrate compliance with the on 1 of the Act.
(If there	e is insufficient space, please continue on a separate sheet of paper)
SIGNED:	DATE:
SIGNED:	DATE:

Once this form is completed and signed it should be sent along with the fee to OPG.

ssue luly 2010

This application will, be intimated to the Adult (subject to section 11 of the Act), the adult's nearest relative, primary carer, named person and any other person that the Public Guardian thinks would have an interest in the application.

Reference is made to the Code of Practice for Interveners and Guardians relating to the Guardian consulting with other interested parties prior to making this application to the Public Guardian.

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The Office of the Public Guardian is open to the Public from: 09:00-17:00 Mondays to Friday.