



# Investigation Referral Form for Local Authorities

With the commencement of the Adults with Incapacity (Scotland) Act 2000 (the “Act”) the Office of the Public Guardian came in to being. One of the principle functions of the Public Guardian is to receive and investigate complaints regarding the exercise of functions relating to the property or financial affairs of an adult made –

- (i) in relation to continuing attorneys appointed in terms of the Act
- (ii) concerning intromissions with funds under Part 3 of the Act
- (iii) in relation to guardians or persons authorised under intervention orders.

The Public Guardian can also investigate any circumstances made known in which the property or financial affairs of an adult seem, to the Public Guardian, to be at risk.

The purpose of this form is to assist local authority officers e.g. social workers, finance officers, care managers etc. to make a referral for investigation by the Public Guardian where it is felt that there may be a risk to the property or financial affairs of an adult.

## **WHEN COMPLETED, PLEASE SEND THE FORM ALONG WITH ANY SUPPORTING DOCUMENTS TO:**

### **THE INVESTIGATION TEAM**

#### **The office of the Public Guardian**

Hadrian House  
Callendar Business Park  
Callendar Road Falkirk  
FK1 1XR

DX 550360  
Falkirk 3

LP17  
Falkirk 3

Tel: 01324 678300

Fax: 01324 678301

E-Mail: [opginvestigationteam@scotcourts.gov.uk](mailto:opginvestigationteam@scotcourts.gov.uk)

Website: [www.publicguardian-scotland.gov.uk](http://www.publicguardian-scotland.gov.uk)

# Please complete as many sections of this form as possible.

## Details of person making referral

Title Mr/Mrs/Miss/Ms/Other	<input type="text"/>
Surname	<input type="text"/>
Forename	<input type="text"/>
Job Title	<input type="text"/>
<b>Contact details</b>	
Local authority	<input type="text"/>
Department	<input type="text"/>
Property number/name	<input type="text"/>
Street Name	<input type="text"/>
Town	<input type="text"/>
Post code	<input type="text"/>
Telephone number including area code	<input type="text"/>
E-Mail address	<input type="text"/>

## Details of adult's social worker/MHO (if different from above)

Title Mr/Mrs/Miss/Ms/Other	<input type="text"/>
Surname	<input type="text"/>
Forename	<input type="text"/>
Job Title	<input type="text"/>
<b>Contact details</b>	
Local authority	<input type="text"/>
Department	<input type="text"/>
Property number/name	<input type="text"/>
Street Name	<input type="text"/>
Town	<input type="text"/>
Post code	<input type="text"/>
Telephone number including area code	<input type="text"/>
E-Mail address	<input type="text"/>

## Details of adult

Title Mr/Mrs/Miss/Ms/Other

Surname

Forename

### Usual home address

Property number/name

Street Name

Town

Post code

Telephone number  
including area code

## Section 1 - Details of Care home/hospital (if appropriate)

### Contact

(Manager/Matron or Consultant)

Title Dr/Mr/Mrs/Miss/Ms/Other

Surname

Forename

Job Title

### Contact details

Name of home/hospital

Property number/name – Ward

Street Name

Town

Post code

Telephone number  
including area code

E-Mail address

## Section 2 – Details of adult’s general practitioner

Title Dr/Mr/Mrs/Miss/Ms/Other

Surname

Forename

**Contact details**

Surgery name

Property number/name

Street Name

Town

Post code

Telephone number including area code

E-Mail address

## Section 3 – Indication as to capacity of adult

Is the adult, due to mental disorder or inability to communicate as defined in the Act, considered incapable as mentioned in any provision of the Act of -

- (a) acting; or
- (b) making decisions; or
- (c) communicating decisions; or
- (d) understanding decisions; or
- (e) retaining the memory of decisions **Yes/No**

What is the nature of the mental disorder or physical disability?

## Section 4 – Details of party(s) causing concern

1. Title Mr/Mrs/Miss/Ms/Other   
Surname   
Forename

### Contact details

Property number/name   
Street Name   
Town   
Post code   
Telephone number including area code   
Relationship to adult

Does this person have any known authority to act on behalf of the adult? **Yes/No**

If yes, nature of authority (attorney, withdrawer, appointee etc.)

**If you have a copy of any document, e.g., a power of attorney, please include it with this form.**

2. Title Mr/Mrs/Miss/Ms/Other   
Surname   
Forename

### Contact details

Property number/name   
Street Name   
Town   
Post code   
Telephone number including area code   
Relationship to adult

Does this person have any known authority to act on behalf of the adult? **Yes/No**

If yes, nature of authority (attorney, withdrawer, appointee etc.)

**If you have a copy of any document, e.g., a power of attorney, please include it with this form.**

**Section 5 – Nature of complaint/concern**

(Why are the adult’s property or financial affairs thought to be at risk?)

What are the known past and present wishes of the adult?

Is there a concern in relation to the adult’s personal welfare?

**Yes/No**

Is this concern regarding personal welfare directly related to this referral?  
If so, please provide details.

**Section 6 – Details of adult’s nearest relative (if different from section 4)**

Title Mr/Mrs/Miss/Ms/Other

Surname

Forename

**Contact details**

Property number/name

Street Name

Town

Post code

Telephone number including area code

What are the known views of the adult’s nearest relative?

**Section 7 – Details of the adult’s primary carer (if different from section 1)**

Title Mr/Mrs/Miss/Ms/Other

Surname

Forename

**Contact details**

Property number/name

Street Name

Town

Post code

Telephone number including area code

What are the known views of the adult’s primary carer?

**Section 8 – Any other relevant information**

(e.g. details of pension/benefits/heritable property etc.)

How would the adult benefit from intervention by the Public Guardian?

What are the risks associated with non-intervention?