



Application for exemption from paying a fee

Section 1 About the application

Tell us the name of the **adult** who is the subject of the guardianship /intervention order or the access to funds application.

or

If the application for exemption is in relation a power of attorney, tell us the name of the **granter** of the power of attorney:

Name:

Case reference (if known):

PG/

Which application does your exemption apply to?

guardianship order power of attorney
 intervention order access to funds

Which process does your application apply to?

registration fee other e.g.inventory, accounts, consent,

Section 2 About benefits

If the adult/granter or their spouse or civil partner is in receipt of a qualifying benefit **stated below** you can apply for an exemption from paying any of our fees.

A copy of your award letter must be sent with your application for exemption.

- income-related employment and support allowance
- income-based jobseeker's allowance
- income support
- universal credit
- pension credit guarantee credit **only**
- working tax credit including child tax credit
- working tax credit including a disability element
- working tax credit including severe disability element

working tax credit (eligibility applies if the gross annual income used to calculate working tax credit is £16,642 or less)

An exemption **can only** be claimed if one of the parties is in receipt of a qualifying benefit on this list.

| adult/ granter | spouse / civil partner | evidence enclosed |
|--------------------------|---------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | N/A | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | N/A | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

A copy of your benefits award letter must be sent with your application for fee exemption

Section 3 Other exemptions

If you feel you have cause to apply for a fee exemption but your situation does not fit into one of the specific categories mentioned previously, please state below the reason you believe an exemption should be offered. You must attach relevant evidence to support your claim. If evidence is not available, please telephone us to discuss your situation.

Section 4 Supporting evidence

Supporting evidence **must be** provided to prove receipt of the qualifying benefits. If you have completed section 2 or 3 attach evidence to support your claim.

If you have already sent evidence this financial year and your circumstances have not changed you do not need to send further evidence. Please tell us if this is the case.

I enclose supporting evidence, as indicated in sections 2 or 3.

Or

I have previously provided supporting evidence this financial year and my circumstances have not changed.

Section 5 Declaration

On the basis of the information provided in this application, I believe the adult / granter is entitled to a fee exemption.

Signature:

Name in block capitals:

Contact telephone number:

Date:

Please return the completed form and your supporting documentation to:

Office of the Public Guardian (Scotland)
Hadrian House
Callendar Business Park
Callendar Road
Falkirk FK1 1XR

Or alternatively e-mail: opg@scotcourts.gov.uk

Tel: 01324 678300

Fax: 01324 678301

Web: www.publicguardian-scotland.gov.uk

For official use only

Checked and verified

Signed

Date