ANGUILLA

REVISED REGULATIONS OF ANGUILLA

under

DEPENDENT ADULTS ACT
R.S.A. c. D8

Showing the Law as at 31 December 2022

This Edition was prepared under the authority of the Revised Statutes and Regulations Act, R.S.A. c. R55 by the Attorney General as Law Revision Commissioner.

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Revised Regulations of Anguilla: D8-1

DEPENDENT ADULTS ACT (R.S.A. c. D8)

DEPENDENT ADULTS REGULATIONS

Note: These Regulations are enabled under section 50 of the Dependent Adults Act, R.S.A. c. D8.

Form of report

1. A report of a medical practitioner, social worker or psychologist shall be in Form 1 in the Schedule.

Citation

2. These Regulations may be cited as the Dependent Adults Regulations, Revised Regulations of Anguilla, D8-1.

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SCHEDULE

(Section 1)

FORM 1

DEPENDENT ADULTS ACT

(Sections 2(2) and 18(2))

REPORT OF MEDICAL PRACTITIONER, SOCIAL WORKER OR PSYCHOLOGIST

Patient's Name: ……..……..

Birth Date: ……..…….

Address: …….…….

In my opinion (Patient's Full Name) …….…….

A* is an adult who is repeatedly or continuously unable

(i) to care for himself/herself*, and

(ii) to make reasonable judgments in respect of matters relating to himself/herself*;

B* is an adult who is

(i) unable to make reasonable judgments in respect of matters relating to all or any part of his/her* estate, and

(ii) in need of a trustee.

I have formed my opinion based on the following information, observations or symptoms:

(1) ……...

(2) ……...

Diagnosis: ……...……...

……

Prognosis: ……...

…….…….

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Based on the above, I am of the opinion that it would be in his/her* best interests for a (guardian) (trustee)* to be appointed for him/her*.

Medical Practitioner, Social Worker or
Psychologist's Signature: ……...

Printed Name: ……

Title: (Medical Practitioner)(Social Worker)(Psychologist)*

Address: ……..

…….

Date: ……..

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* *Delete whichever or what is not applicable (including, if appropriate, the whole of paragraph A or B)*

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