

Title	2000 Protection of Adults Convention Draft Country Profile
Document	Prel. Doc. No 7 of June 2022
Author	PB with the assistance of the Working Group on the development of a draft Practical Handbook under the 2000 Protection of Adults Convention
Agenda Item	Item TBD
Mandate(s)	C&R No 34 of the 2019 CGAP; C&D No 31 of the 2020 CGAP; C&D No 26 of the 2021 CGAP; C&D No 24 of the 2022 CGAP
Objective	To assist Contracting Parties with the fulfilment of their obligations under the 2000 Protection of Adults Convention such as providing information on: (1) the authorities designated; (2) the services provided; and, (3) some of the legal issues arising under the Convention. Members are invited to provide comments, in particular as to their preference between Questions 28, 28A and 28B, before 9 September 2022 by writing to secretariat@hcch.net and indicating “ PD No 7 comments [name of State] ” in the subject line. Comments received after 9 September 2022 will not be taken into account.
Action to be Taken	For Decision <input type="checkbox"/> For Approval <input type="checkbox"/> For Discussion <input checked="" type="checkbox"/> For Action / Completion <input type="checkbox"/> For Information <input type="checkbox"/>
Related Documents	Prel. Doc. No 3 (final) of September 2011 - Country Profile 2007 Child Support Convention

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2000 Protection of Adults Convention Draft Country Profile

Foreword to the Country Profile

Contracting Parties are encouraged to use this Country Profile to assist with the fulfilment of their obligations under the Hague Convention of *13 January 2000 on the International Protection of Adults* (hereinafter, the 2000 Convention). In particular, it is anticipated that the Country Profile will help Contracting Parties fulfil their obligations under Article 29 of the 2000 Convention, that is:

(1) Central Authorities shall co-operate with each other and promote co-operation amongst the competent authorities in their States to achieve the purposes of the Convention.

(2) They shall, in connection with the application of the Convention, take appropriate steps to provide information as to the laws of, and services available in, their States relating to the protection of adults.

The Country Profile is a standardised document that will be available to Contracting Parties to complete, view, and update electronically. Its objective is to assist with the practical operation of the 2000 Convention. It is hoped that it will facilitate:

- a) information exchanges between Contracting Parties;
- b) timely compliance with the obligations under the 2000 Convention with minimum administrative effort;
- c) efficient and effective resolution of cases by well-informed competent authorities;
- d) knowledgeable service by Central and other authorities;
- e) cost-effective translation of the information provided by Contracting Parties into English and French; and
- f) prompt updates of the information provided.

This Country Profile is based on the final text of the 2000 Convention, as agreed at the Special Commission of a diplomatic character of September-October 1999.

Contracting Parties are to prepare their Country Profiles with a view to providing clear information regarding their domestic laws and processes to other Contracting Parties. Where multiple answers to the questions are appropriate, respondents are encouraged to check all the tick boxes that apply. Contracting Parties comprised of more than one territorial unit may choose to submit separate Country Profiles for each territorial unit. Respondents are encouraged to provide links to relevant domestic legislation and procedural rules, where possible and applicable.

I. Central and other authorities designated by [name of your State]	
1 Central Authority contact details (Art. 28)	
1.1 Organisation	
1.2 Address	
1.3 Territorial and personal extent of functions, if applicable	
1.4 Telephone	
1.5 Fax	
1.6 Email	
1.7 Website	
1.8 Contact person 1	Direct contact details: Preferred language(s) of communication: Preferred method of communication: <input type="checkbox"/> Phone <input type="checkbox"/> Fax <input type="checkbox"/> Email <input type="checkbox"/> Other (please specify):
1.9 Contact person 2, if applicable	Direct contact details: Preferred language(s) of communication: Preferred method of communication: <input type="checkbox"/> Phone <input type="checkbox"/> Fax <input type="checkbox"/> Email <input type="checkbox"/> Other (please specify):
2 Other designated Central Authority, if applicable (Art. 28(2))¹	
2.1 Organisation	
2.3 Address	
2.3 Territorial and personal extent of functions, if applicable	
2.4 Telephone	
2.5 Fax	
2.6 Email	

¹ This section will be expandable in order to allow for the inclusion of additional Central Authorities.

2.7 Website	
2.8 Contact person 1	Direct contact details: Preferred language(s) of communication: Preferred method of communication: <input type="checkbox"/> Phone <input type="checkbox"/> Fax <input type="checkbox"/> Email <input type="checkbox"/> Other (please specify):
2.9 Contact person 2, if applicable	Direct contact details: Preferred language(s) of communication: Preferred method of communication: <input type="checkbox"/> Phone <input type="checkbox"/> Fax <input type="checkbox"/> Email <input type="checkbox"/> Other (please specify):
3 Designated authority for Article 8 requests (Art. 42) ²	
3.1 Organisation	
3.2 Address	
3.3 Territorial and personal extent of functions, if applicable	
3.4 Telephone	
3.5 Fax	
3.6 Email	
3.7 Website	
3.8 Contact person 1	Direct contact details: Preferred language(s) of communication: Preferred method of communication: <input type="checkbox"/> Phone <input type="checkbox"/> Fax <input type="checkbox"/> Email <input type="checkbox"/> Other (please specify):

² This section will be expandable in order to allow for the inclusion of additional authorities.

<p>3.9 Contact person 2, if applicable</p>	<p>Direct contact details:</p> <p>Preferred language(s) of communication:</p> <p>Preferred method of communication:</p> <p><input type="checkbox"/> Phone</p> <p><input type="checkbox"/> Fax</p> <p><input type="checkbox"/> Email</p> <p><input type="checkbox"/> Other (please specify):</p>
<p>4 Designated authority for Article 33 requests (Art. 42)³</p>	
<p>4.1 Organisation</p>	
<p>4.2 Address</p>	
<p>4.3 Territorial and personal extent of functions, if applicable</p>	
<p>4.4 Telephone</p>	
<p>4.5 Fax</p>	
<p>4.6 Email</p>	
<p>4.7 Website</p>	
<p>4.8 Contact person 1</p>	<p>Direct contact details:</p> <p>Preferred language(s) of communication:</p> <p>Preferred method of communication:</p> <p><input type="checkbox"/> Phone</p> <p><input type="checkbox"/> Fax</p> <p><input type="checkbox"/> Email</p> <p><input type="checkbox"/> Other (please specify):</p>
<p>4.9 Contact person 2, if applicable</p>	<p>Direct contact details:</p> <p>Preferred language(s) of communication:</p> <p>Preferred method of communication:</p> <p><input type="checkbox"/> Phone</p> <p><input type="checkbox"/> Fax</p> <p><input type="checkbox"/> Email</p> <p><input type="checkbox"/> Other (please specify):</p>

³ This section will be expandable in order to allow for the inclusion of additional authorities.

5 Designated authority competent to draw up international certificates under Article 38 ⁴	
Please complete if the authority competent to draw up international certificates under Article 38 is one singular organisation:	
5.1 Organisation	
5.2 Address	
5.3 Territorial and personal extent of functions, if applicable	
5.4 Telephone	
5.5 Fax	
5.6 Email	
5.7 Website	
5.8 Contact person 1	<p>Direct contact details:</p> <p>Preferred language(s) of communication:</p> <p>Preferred method of communication:</p> <input type="checkbox"/> Phone <input type="checkbox"/> Fax <input type="checkbox"/> Email <input type="checkbox"/> Other (please specify):
5.9 Contact person 2, if applicable	<p>Direct contact details:</p> <p>Preferred language(s) of communication:</p> <p>Preferred method of communication:</p> <input type="checkbox"/> Phone <input type="checkbox"/> Fax <input type="checkbox"/> Email <input type="checkbox"/> Other (please specify):
Please complete if several professions or authorities are competent to draw up international certificates under Article 38:	
5.10 Please indicate which professions or authorities in [name of your State] are competent to draw up international certificates under Article 38. <i>Please tick all boxes that apply.</i> <i>Where applicable, please provide the details of the authorities (name of organisation, address, telephone, fax,</i>	<input type="checkbox"/> Competent authorities, including court clerks / registrars <p style="margin-left: 40px;">Details of the authority: Details of contact person(s):</p> <input type="checkbox"/> Notaries <p style="margin-left: 40px;">Details of the authority: Details of contact person(s):</p>

⁴ This section will be expandable in order to allow for the inclusion of additional authorities.

<p><i>email, website) and the details of the contact person(s), as requested above.</i></p>	<p><input type="checkbox"/> Other (please specify): Details of the authority: Details of contact person(s):</p>
<p>6 Language requirements (Art. 51)</p>	
<p>6.1 In addition to its original language, please specify the official language(s) of [name of your State] in which any communication sent to the Central Authority or to another authority is to be translated. <i>Where that is not feasible, a translation into French or English should be provided, please see next question.</i></p>	
<p>6.2 Has [name of your State] made a reservation in respect of the use of French or English for any communication sent to the Central Authority?</p>	<p><input type="checkbox"/> Yes, object to French <input type="checkbox"/> Yes, object to English <input type="checkbox"/> No</p>
<p>7 Central Authority functions / operations / services⁵</p>	
<p>7.1 Please specify the working days and hours of the Central Authority.</p>	<p>Days of the week open: Opening time: Closing time: Shut down periods (e.g., public holidays, court closures etc):</p>
<p>7.2 Can assistance be accessed outside of working hours?</p>	<p><input type="checkbox"/> Yes Please specify contact details for persons in other Contracting Parties and, if different, for persons in [name of your State]: <input type="checkbox"/> No</p>
<p>7.3 Does the Central Authority have staff who deal exclusively with Convention requests and related issues?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>7.4 Please indicate the professions represented in the Central Authority:</p>	<p><input type="checkbox"/> Civil servants <input type="checkbox"/> Lawyers <input type="checkbox"/> Members of the judiciary <input type="checkbox"/> Mediators <input type="checkbox"/> Social workers Please indicate specialisation, if applicable: <input type="checkbox"/> Family <input type="checkbox"/> Medical <input type="checkbox"/> Disability <input type="checkbox"/> Gerontological <input type="checkbox"/> Mental health</p>

⁵ This section will be expandable in order to allow for the inclusion of additional authorities.

	<input type="checkbox"/> Other (please specify): <input type="checkbox"/> Welfare professionals <input type="checkbox"/> Other (please specify):
7.5 Has [name of your State] entered into any agreements with one or more other Contracting Parties, with a view to improving the application of the 2000 Convention and facilitate cooperation? Article 37 of the 2000 Convention.	<input type="checkbox"/> Bilateral agreement <i>Please provide the title of the agreement and, if available, a web link to the agreement or attach a copy</i> <input type="checkbox"/> Other (please specify): <i>Please provide the title of the agreement and, if available, a web link to the agreement or attach a copy</i> <input type="checkbox"/> No
7.6 Has [name of your State] made a declaration under Article 32(2), requiring all requests for information from a Contracting Party contemplating a measure of protection to be communicated through the Central Authority of [name of your State]?	<input type="checkbox"/> Yes (please elaborate): <input type="checkbox"/> No
7.7 In [name of your State], are mediation, conciliation or other similar means encouraged by Central or competent authorities to achieve agreed solutions in situations where the 2000 Convention applies, including identifying services that are available to enable and support parties in this regard? Article 31 of the 2000 Convention.	<input type="checkbox"/> Yes, mediation can be provided upon request by the Central Authority. <input type="checkbox"/> Yes, mediation can be provided by a third party through the assistance of the Central Authority. <input type="checkbox"/> Yes, mediation can be obtained without the assistance of the Central Authority (see question 7.8 below). <input type="checkbox"/> No
7.8 If yes to the above question, please indicate which authority in [name of your State] is engaged in mediation, conciliation or other similar means in matters falling under the scope of the 2000 Convention. Please indicate the services provided by this authority and briefly elaborate on how this is done in [name of your State]. <i>If applicable and relevant, please provide or attach any useful web links or documents.</i>	Name of authority: Telephone: Fax: Email: Website: Services Provided: <i>Please tick more than one box, if applicable</i> <input type="checkbox"/> Mediation (please elaborate): <input type="checkbox"/> Conciliation (please elaborate): <input type="checkbox"/> Other (please specify and elaborate):
7.9 Noting the general obligation under Article 36 on Contracting Parties to bear their own costs in applying the 2000 Convention, does the Central Authority in [name of your State] impose any “reasonable charges” for the provision of services?	<input type="checkbox"/> Yes Please indicate on which services the Central Authority imposes reasonable charges: <i>Please tick all boxes that apply.</i> <input type="checkbox"/> Mediation

	<input type="checkbox"/> Conciliation <input type="checkbox"/> Legal advice <input type="checkbox"/> Initiating proceedings before a competent authority <input type="checkbox"/> Legal representation <input type="checkbox"/> Translation <input type="checkbox"/> Other services (please specify): <input type="checkbox"/> No, the Central Authority does not impose charges for any provision of services
II. Coming into force and territorial application of the 2000 Convention in [name of your State]	
8 When did the 2000 Convention enter into force in [name of your State]?	
9 Has [name of your State] objected to the accession of another State to the 2000 Convention? Article 54(3) of the 2000 Convention.	<input type="checkbox"/> Yes <i>Please consult the HCCH website, under the "Protection of Adults Section", then "Status table" and "A*" (Accession giving rise to an acceptance procedure; click on A* for details of acceptances of the accession)</i> <input type="checkbox"/> No
10 If [name of your State] consists of two or more territorial units, has [name of your State] made a declaration under Article 55?	<input type="checkbox"/> Yes (please elaborate): <input type="checkbox"/> No
11 If [name of your State] is comprised of one or more overseas territories, please provide information about the applicability of the 2000 Convention to them.	Please list the territories that are bound by the 2000 Convention: Please list the territories that are not bound by the 2000 Convention:
III. Relevant legislation in [name of your State]	
12 2000 Convention	
12.1 In [name of your State], was implementing legislation passed before the 2000 Protection of Adults Convention entered into force in your domestic law? <i>If applicable, please provide a web link to legislation or attach a copy.</i>	<input type="checkbox"/> Yes Please specify legislative provision(s) or implementing legislation and indicate the date that the legislation entered into force: <input type="checkbox"/> No
12.2 Was any other legislative work carried out after the entry into force of the 2000 Convention in [name of your State], with a view to assist with its effective operation? <i>If applicable, please provide a web link to the legislation or attach a copy.</i>	<input type="checkbox"/> Yes, substantive laws and / or procedural rules were enacted following the entry into force of the 2000 Convention in our State <i>Please specify the legislative provision(s) or procedural rules and indicate the date that the</i>

	<p><i>legislation or procedural rules entered into force or effect:</i></p> <p><input type="checkbox"/> No</p>
<p>13 Other instruments / agreements relating to the protection of adults</p>	
<p>Is [name of your State] a party to, or has implemented into its domestic law, any other international instruments / agreements which relate to the cross-border protection of adults?</p>	<p><input type="checkbox"/> Yes, please tick all the boxes that apply:</p> <p><input type="checkbox"/> 2006 UN Convention on the Rights of Persons with Disabilities (UNCRPD)</p> <p><input type="checkbox"/> 1997 Council of Europe Convention on Human Rights and Biomedicine</p> <p><input type="checkbox"/> Bilateral agreements (please specify):</p> <p><input type="checkbox"/> Council of Europe Recommendation CM/Rec(99)4: Principles concerning the legal protection of incapable adults</p> <p><input type="checkbox"/> Council of Europe Recommendation CM/Rec(2009)11: Principles concerning continuing powers of attorney and advance directives for incapacity</p> <p><input type="checkbox"/> Non-binding memoranda of understanding (please specify):</p> <p><input type="checkbox"/> Other (please specify):</p> <p><input type="checkbox"/> No</p>
<p>IV. Scope: <i>ratione materiae</i> (measures available to competent authorities)</p>	
<p>14 Please indicate the types of measures under Article 3 that are available in [name of your State], including those measures which are not explicitly listed under Article 3 but would nevertheless fall within its scope.</p> <p><i>Please tick all boxes that apply.</i></p> <p><i>Where applicable, please indicate the term / institution applied in [name of your State] to describe any of the measures listed under Article 3 available in [name of your State] (e.g., <i>betreuer, sauvegarde de justice, person of trust</i> etc).</i></p> <p><i>If possible, please provide a web link to the relevant legislation in the space available under each item or attach a copy.</i></p>	<p><input type="checkbox"/> Determination of the incapacity of an adult (Art. 3(a))</p> <p>Term / institution applied in [name of your State]:</p> <p>Link to relevant legislation:</p> <p><input type="checkbox"/> The institution of a protective regime (Art. 3(a))</p> <p>Term / institution applied in [name of your State]:</p> <p>Link to relevant legislation:</p> <p><input type="checkbox"/> The placement of the adult under the protection of a judicial authority (Art. 3(b))</p> <p>Term / institution applied in [name of your State]:</p> <p>Link to relevant legislation:</p> <p><input type="checkbox"/> The placement of the adult under the protection of an administrative authority (Art. 3(b))</p> <p>Term / institution applied in [name of your State]:</p> <p>Link to relevant legislation:</p> <p><input type="checkbox"/> Guardianship (Art. 3(c))</p>

	<p>Term / institution applied in [name of your State]:</p> <p>Link to relevant legislation:</p> <p><input type="checkbox"/> Curatorship (Art. 3(c))</p> <p>Term / institution applied in [name of your State]:</p> <p>Link to relevant legislation:</p> <p><input type="checkbox"/> Analogous institution to guardianship or curatorship (Art. 3(c))</p> <p>Term / institution applied in [name of your State]:</p> <p>Link to relevant legislation:</p> <p><input type="checkbox"/> Designation and functions of any person or body to represent or assist the adult in matters relating to their person (Art. 3(d))</p> <p>Term / institution applied in [name of your State]:</p> <p>Link to relevant legislation:</p> <p><input type="checkbox"/> Designation and functions of any person or body to represent or assist the adult in matters relating to their property (Art. 3(d))</p> <p>Term / institution applied in [name of your State]:</p> <p>Link to relevant legislation:</p> <p><input type="checkbox"/> The placement of the adult in an establishment or other place where protection can be provided (Art. 3(e))</p> <p>Term / institution applied in [name of your State]:</p> <p>Link to relevant legislation:</p> <p><input type="checkbox"/> The administration, conservation or disposal of the property of an adult (Art. 3(f))</p> <p>Term / institution applied in [name of your State]:</p> <p>Link to relevant legislation:</p> <p><input type="checkbox"/> The authorisation of a specific intervention for the protection of the person or property of the adult (Art. 3(g))</p> <p>Term / institution applied in [name of your State]:</p> <p>Link to relevant legislation:</p> <p><input type="checkbox"/> Other (please specify):</p> <p>Term / institution applied in [name of your State]:</p>
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		Link to relevant legislation:
15	How can a guardianship, curatorship or analogous role intended for the care of the person or property of an adult be put in place under the law of [name of your State]?	<input type="checkbox"/> By judicial decision <input type="checkbox"/> By administrative decision <input type="checkbox"/> By operation of law (<i>ex lege</i>) <input type="checkbox"/> Other (please specify):
	<i>Please tick all boxes that apply.</i>	
16	Does the law of [name of your State] limit the number of people who may be appointed by a competent authority as a guardian, curator or analogous role?	<input type="checkbox"/> Yes (please specify): <input type="checkbox"/> No
17	Does the law of [name of your State] provide any eligibility requirements for person(s) to be appointed by a competent authority as a guardian, curator or analogous role intended for the care of the person or property of an adult?	<input type="checkbox"/> Yes (please specify): <input type="checkbox"/> Age requirements (please elaborate): <input type="checkbox"/> Proximity to the adult (e.g., life partner, close friend) <input type="checkbox"/> Blood relation <input type="checkbox"/> Professional qualification (please elaborate): <input type="checkbox"/> Other (please specify): <input type="checkbox"/> No
18	Can a guardianship, curatorship or analogous role be modified?	<input type="checkbox"/> Yes, please specify: <input type="checkbox"/> By judicial decision <input type="checkbox"/> By administrative decision <input type="checkbox"/> Other (please specify): <input type="checkbox"/> No (please elaborate):
19	Can a guardianship, curatorship or analogous role be terminated?	<input type="checkbox"/> Yes, please specify: <input type="checkbox"/> By judicial decision <input type="checkbox"/> By administrative decision <input type="checkbox"/> By operation of law <input type="checkbox"/> Other (please specify): <input type="checkbox"/> No (please elaborate):
20	Sale of property located in [name of your State] belonging to an adult (Art. 3(f) and 3(g))	
20.1	When immovable property belonging to an adult, which is located in [name of your State], needs to be sold, what procedure is followed by the relevant authorities in [name of your State] to take such a measure of protection?	Please briefly describe the procedure: Is this procedure judicial or administrative? <i>If applicable, please tick more than one box.</i> <input type="checkbox"/> Administrative (please elaborate): Please indicate the administrative authority in [name of your State] which is competent to take such a measure: <input type="checkbox"/> Judicial (please elaborate):

	<p>Please indicate the judicial authority in [name of your State] which is competent to take such a measure:</p> <p>If you have ticked both boxes, please elaborate on the circumstances which determine whether such a procedure is to be administrative or judicial:</p>
<p>20.2 When movable property belonging to an adult, which is located in [name of your State], needs to be sold, what procedure is followed by the relevant authorities in [name of your State] to take such a measure of protection?</p>	<p><input type="checkbox"/> The procedure is the same as that described above</p> <p><input type="checkbox"/> The procedure concerning movable property is different from that concerning immovable property</p> <p>Please briefly describe the procedure:</p> <p>Is this procedure judicial or administrative?</p> <p><i>If applicable, please tick more than one box.</i></p> <p><input type="checkbox"/> Administrative (please elaborate):</p> <p>Please indicate the administrative authority in [name of your State] which is competent to take such a measure:</p> <p><input type="checkbox"/> Judicial (please elaborate):</p> <p>Please indicate the judicial authority in [name of your State] which is competent to take such a measure:</p> <p>If you have ticked both boxes, please elaborate on the circumstances which determine whether such a procedure is to be administrative or judicial:</p>
<p>20.3 When assets belonging to an adult, such as stocks or bonds held in [name of your State], need to be sold, what procedure is followed in [name of your State] to take such a measure of protection?</p>	<p>Please briefly describe the procedure:</p> <p>Is this procedure judicial or administrative?</p> <p><i>If applicable, please tick more than one box.</i></p> <p><input type="checkbox"/> Administrative (please elaborate):</p> <p>Please indicate the administrative authority in [name of your State] which is competent to take such a measure:</p> <p><input type="checkbox"/> Judicial (please elaborate):</p> <p>Please indicate the judicial authority in [name of your State] which is competent to take such a measure:</p> <p>If you have ticked both boxes, please elaborate on the circumstances which determine whether such a procedure is to be administrative or judicial:</p>
<p>20.4 How do the relevant authorities of [name of your State] go about the forced sale / liquidation of movable or immovable property and other assets?</p>	<p>Please briefly describe the procedure:</p> <p>Please indicate the details of the relevant authority in [name of your State] which is competent to take such a measure:</p> <p>Name of organisation:</p>

	Telephone: Fax: Email: Website:
20.5	Does the law of [name of your State] provide for any laws, regulations or rules that prevent or limit the disclosure of the adult's property located in [name of your State]? <input type="checkbox"/> Yes (please elaborate): <i>If possible, please provide a web link to the relevant legislation or attach a copy:</i> <input type="checkbox"/> No
20.6	Does the law of [name of your State] provide for any laws, regulations or rules that prevent or limit the sale of the adult's property located in [name of your State]? <input type="checkbox"/> Yes (please elaborate): <i>If possible, please provide a web link to the relevant legislation or attach a copy:</i> <input type="checkbox"/> No
<h3>V. Jurisdiction (Arts 5 – 12)</h3>	
21 Proceedings regarding the protection of adults	
21.1	Please indicate which courts in [name of your State] would be competent to hear matters falling under the scope of the 2000 Convention. <i>Please tick all the boxes that apply.</i> <input type="checkbox"/> Courts of a general competence <input type="checkbox"/> Courts of family law <input type="checkbox"/> Specialised courts (please specify): <input type="checkbox"/> Other (please specify):
21.2	Does [name of your State] limit the judicial or administrative authorities who are competent to hear matters falling under the scope of the 2000 Convention? <i>(i.e., has [name of your State] “concentrated jurisdiction” in respect of matters falling under the scope of the 2000 Convention?)</i> <input type="checkbox"/> Yes (please specify): <input type="checkbox"/> No
21.3	Please provide any links or attachments to the relevant laws and / or rules that govern procedural issues for the protection of adults in [name of your State].
22 Transfer or assumption of jurisdiction under Article 8 of the 2000 Convention. <i>If possible, please provide a web link to, or attach a copy of, any relevant legislation.</i>	
22.1	How does the law of [name of your State] provide for domestic procedures / mechanisms for the transfer or assumption of jurisdiction under Article 8 of the 2000 Convention? <input type="checkbox"/> Statutory rules <i>(if possible, please provide a web link to the relevant legislation or attach a copy)</i> <input type="checkbox"/> Jurisprudence <i>(if possible, please provide a web link to, or attach a copy of, the relevant decision)</i> <input type="checkbox"/> Other (please specify): Please indicate the conditions under which a transfer or assumption of jurisdiction may occur:
22.2	Has [name of your State] designated an authority for the purpose of transmittal <input type="checkbox"/> Yes (please ensure you have completed Section 3, above)

	and receipt of requests for a transfer of jurisdiction under Article 8, in accordance with Article 42?	<input type="checkbox"/> No
22.3	If no to the above question, does the Central Authority play a role in the transmittal and receipt of requests for a transfer of jurisdiction under Article 8 in [name of your State]?	<input type="checkbox"/> Yes Please elaborate on this role: <input type="checkbox"/> No, competent authorities exchange directly between themselves
22.4	Does the law of [name of your State] prescribe the use of a specific model form for the purpose of Article 8 transfers or assumption of jurisdiction?	<input type="checkbox"/> Yes (please specify): <input type="checkbox"/> No
<h2>VI. Recognition and Enforcement (Arts 22 – 27)</h2>		
23	In [name of your State], what is the procedure for the recognition or non-recognition of a measure under Article 23?	<input type="checkbox"/> An administrative procedure (please elaborate): <input type="checkbox"/> A judicial procedure (please elaborate): <i>If possible, please provide a web link or attach a copy of any relevant legislation, guidelines or protocols.</i>
24	Has [name of your State], implemented a specific (simple and rapid) procedure for declarations of enforceability or registration for the purposes of enforcement of a measure taken in another Contracting Party? Article 25(2) of the 2000 Convention. <i>If possible, please provide a web link or attach a copy of any relevant legislation, guidelines or protocols.</i>	<input type="checkbox"/> Yes, please describe the procedure: <input type="checkbox"/> No, please describe the procedure:
25	Please describe the procedure in [name of your State] for declarations of enforceability or registration for the purposes of enforcement of a measure taken in another Contracting Party. Article 25(2) of the 2000 Convention.	In particular, please indicate: <ul style="list-style-type: none"> • The nature of the procedure: <ul style="list-style-type: none"> <input type="checkbox"/> It is an administrative procedure (please specify): <input type="checkbox"/> It is a judicial procedure (please specify): <input type="checkbox"/> It is a combination of a judicial and administrative procedure (please specify): • Which authority declares enforceable or registers for the purposes of enforcement a measure of protection taken in another Contracting Party: • Whether the law of [name of your State] provides for a particular time frame for the resolution of applications for declarations of enforceability or the registration of a measure

	<p>for the purpose of enforcement to ensure that the procedure is rapid:</p> <p><input type="checkbox"/> Yes</p> <p><i>If possible, please specify the number of days / weeks / months foreseen by the law of [name of your State]:</i></p> <p><i>If possible, please provide a web link to the relevant legislation in the space available next to each item or attach a copy:</i></p> <p><input type="checkbox"/> No</p> <ul style="list-style-type: none"> • Whether legal representation is required <ul style="list-style-type: none"> <input type="checkbox"/> Yes (please describe): <input type="checkbox"/> No • Whether this procedure can be done unilaterally or if there must be parties to the action <ul style="list-style-type: none"> <input type="checkbox"/> The procedure can be unilateral <input type="checkbox"/> The procedure requires parties to the action • Whether the declaration of enforceability or registration for the purposes of enforcement is appealable <ul style="list-style-type: none"> <input type="checkbox"/> Yes, it is appealable <p>Please specify the timeframe foreseen in [name of your State] for the resolution of appeals regarding declarations of enforceability or the registration of a measure for the purpose of enforcement:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Less than a week <input type="checkbox"/> Within one month <input type="checkbox"/> Within three months <input type="checkbox"/> Within a year <input type="checkbox"/> Other (please specify): <input type="checkbox"/> No, it is not appealable • Any other measures taken in [name of your State] to ensure the procedure is simple and rapid:
<p>26 Please provide the details of the relevant enforcement authority in [name of your State].</p> <p>Article 27 of the 2000 Convention.</p>	<p>Name of organisation:</p> <p>Telephone:</p> <p>Fax:</p> <p>Email:</p> <p>Website:</p>

VII. Applicable law (Arts 13 – 21)	
Mandatory law (Art. 20)	
27	<p>Please list and describe examples of legislation or rules relating to the protection, self-determination or the representation of the adult which [name of your State] would regard as mandatory law under Article 20.</p> <p><i>Please indicate how the legislation may be accessed (e.g., by providing a web link) or attach a copy.</i></p>
Powers of representation (Arts 15 – 16)	
<p>The term “power of representation” is an autonomous concept developed specifically for the [purposes of Articles 15 and 16 of the] 2000 Convention. A “power of representation” is to be understood as a document (unilateral act or agreement) which enables the adult to plan, in advance, how they want to be supported in the exercise of their legal capacity and autonomy when they are not in a position to protect their interests. Such a document may contain the arrangements, declarations, instructions and wishes of the adult in contemplation of a future incapacity.</p>	
28	<p>Does the law of [name of your State] provide for powers of representation, either in the form of agreements or unilateral acts, to be exercised when the adult is not in a position to protect their interests by reason of an impairment or insufficiency of their personal faculties?⁶</p> <p><i>If applicable, please provide a web link to the relevant legislation in the space available next to each item or attach a copy.</i></p> <p><i>It is understood that the reference to “law” can include statutes, regulations, procedural rules as well as case law.</i></p> <p><input type="checkbox"/> Yes</p> <p>Please indicate the term(s) utilised to identify such powers of representation in [name of your State]:</p> <p><i>Please tick all boxes that apply.</i></p> <p><input type="checkbox"/> Acts of self-protection:</p> <p><input type="checkbox"/> Advance arrangements:⁷</p> <p><input type="checkbox"/> Advance directives:⁸</p> <p><input type="checkbox"/> Advance statements:⁹</p> <p><input type="checkbox"/> Advance healthcare decisions:¹⁰</p> <p><input type="checkbox"/> Advance directions in the health field:¹¹</p> <p><input type="checkbox"/> Continuing powers of attorney:</p> <p><input type="checkbox"/> Disposizioni anticipate di trattamento:</p> <p><input type="checkbox"/> Documento de Voluntades Anticipada:</p> <p><input type="checkbox"/> Edunvalvontavaltuutukset:</p> <p><input type="checkbox"/> Enduring powers of attorney:</p> <p><input type="checkbox"/> Framtidsfullmakter:</p> <p><input type="checkbox"/> Intressebevakningsfullmakter:</p>

⁶ Members are invited to indicate their preference between questions 28, 28(A) and 28(B).

⁷ See Question 43.1 for more nuanced information on advance directives.

⁸ *Ibid.*

⁹ *Ibid.*

¹⁰ *Ibid.*

¹¹ *Ibid.*

	<input type="checkbox"/> Joint accounts (when operable by any signatory if the other loses relevant capacity): <input type="checkbox"/> Levenstestament (« will for life »): <input type="checkbox"/> Living wills: <input type="checkbox"/> Mandat de protection future: <input type="checkbox"/> Mandat extrajudiciaire: <input type="checkbox"/> Mandat pour cause d'inaptitude: <input type="checkbox"/> Mandato com vista a futuro acompanhamento: <input type="checkbox"/> Nākotnes pilnvarojums <input type="checkbox"/> Patientenverfügung <input type="checkbox"/> Patient decrees: <input type="checkbox"/> Powers of family members and carers: <input type="checkbox"/> Powers of attorney: <input type="checkbox"/> Private mandate: <input type="checkbox"/> Poder preventivo: <input type="checkbox"/> Procuração para cuidados de saúde: <input type="checkbox"/> Representation agreement: <input type="checkbox"/> Self-established guardianship: <input type="checkbox"/> Springing powers: <input type="checkbox"/> Testamento vital: <input type="checkbox"/> Vorsorgevollmacht: <input type="checkbox"/> Vorsorgeauftrag: <input type="checkbox"/> Welfare powers: <input type="checkbox"/> Zorgevollmacht: <input type="checkbox"/> Other (please specify): <input type="checkbox"/> No (please elaborate):
<p>28(A) Does the law of [name of your State] provide for powers of representation, either in the form of agreements or unilateral acts, to be exercised when the adult is not in a position to protect their interests by reason of an impairment or insufficiency of their personal faculties?</p> <p><i>If applicable, please provide a web link to the relevant legislation in the space available or attach a copy.</i></p>	<input type="checkbox"/> Yes Please indicate the term(s) utilised to identify such powers of representation in [name of your State]: <i>Such terms may include, among others, advance directives, continuing powers of attorney, living wills, levenstestament, mandat de protection future, disposizioni anticipate di trattamento or documento de voluntades anticipada.</i> <input type="checkbox"/> No
<p>28(B) Does the law of [name of your State] provide for powers of representation,</p>	<input type="checkbox"/> Yes

<p>either in the form of agreements or unilateral acts, to be exercised when the adult is not in a position to protect their interests by reason of an impairment or insufficiency of their personal faculties?</p> <p><i>If applicable, please provide a web link to the relevant legislation in the space available or attach a copy.</i></p>	<p>Please indicate the term(s) utilised to identify such powers of representation in [name of your State]:</p> <p><input type="checkbox"/> No</p>
<p>29 If no to the above question, does the law of [name of your State] prohibit such powers of representation or contain provisions that would render them ineffective?</p>	<p><input type="checkbox"/> Yes (please elaborate):</p> <p><input type="checkbox"/> No</p>
<p>30 If yes to question 28, in what form are powers of representation available in [name of your State]?</p>	<p><input type="checkbox"/> In the form of an agreement</p> <p><input type="checkbox"/> In the form of a unilateral act</p> <p><input type="checkbox"/> Both</p>
<p>31 In [name of your State] can powers of representation be granted in accordance with the domestic law applicable to general mandates?</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
<p>32 If yes to the above question, please indicate if powers granted by the adult may remain in force upon an impairment or insufficiency of the personal faculties of the adult, under the law of [name of your State] which is applicable to general mandates.</p> <p><i>Please tick the box that is most relevant to the rules on general mandates in [name of your State].</i></p>	<p><input type="checkbox"/> Yes, powers granted by the adult may remain in force upon an impairment or insufficiency of their personal faculties</p> <p><input type="checkbox"/> Yes, powers granted by the adult may remain in force upon an impairment or insufficiency of their personal faculties but only when the document establishing the powers is drawn up specifically to take effect in this case or if it includes an express clause to this effect</p> <p><input type="checkbox"/> Yes, powers granted by the adult may remain in force upon an impairment or insufficiency of their personal faculties, but they are subject to further requirements (please specify):</p> <p><input type="checkbox"/> No, the law of our State which is applicable to general mandates provides for an automatic extinction of the powers granted by the adult upon an impairment or insufficiency of their personal faculties</p> <p><input type="checkbox"/> Other, please specify:</p>
<p>33 Formal requirements for the establishment of powers of representation and their functions</p>	
<p>This section seeks to obtain general information regarding the formal requirements for the establishment of powers of representation. For questions regarding the formal requirements for advance directives in particular, please refer to question 43.2.</p>	
<p>33.1 Is it mandatory in [name of your State] to have powers of representation notarised?</p>	<p><input type="checkbox"/> Powers of representation cannot be notarised</p> <p><input type="checkbox"/> Yes, it is mandatory</p> <p style="padding-left: 20px;"><input type="checkbox"/> Always</p> <p style="padding-left: 20px;"><input type="checkbox"/> Only in specific circumstances</p> <p><input type="checkbox"/> No, it is not mandatory but optional</p>

	<p><input type="checkbox"/> Notarisation is not a familiar notion in our State (please move to question 33.2)</p> <p>If yes, please indicate the notarial system used in [name of your State]:</p> <p><input type="checkbox"/> Latin model notaries</p> <p><input type="checkbox"/> Notaries public</p> <p>If yes, please indicate the relevant functions of this formal requirement. <i>Please tick all the boxes that apply:</i></p> <p><input type="checkbox"/> To establish the capacity of the adult at the time of granting the powers of representation</p> <p><input type="checkbox"/> To verify that the person signing the powers of representation is the adult</p> <p><input type="checkbox"/> To witness the signature of the powers of representation by the adult</p> <p><input type="checkbox"/> To verify that the powers of representation are in conformity with the law (including the conditions to be met by the representative)</p> <p><input type="checkbox"/> To verify that the powers of representation are understood by the adult</p> <p><input type="checkbox"/> To verify that the powers of representation correspond to the will and preferences of the adult</p> <p><input type="checkbox"/> To confirm the absence of undue influence</p> <p><input type="checkbox"/> Other (please elaborate):</p>
<p>33.2 Is it mandatory in [name of your State] to have powers of representation certified?</p>	<p><input type="checkbox"/> Powers of representation cannot be certified</p> <p><input type="checkbox"/> Yes, it is mandatory</p> <p style="padding-left: 20px;"><input type="checkbox"/> Always</p> <p style="padding-left: 20px;"><input type="checkbox"/> Only in specific circumstances</p> <p><input type="checkbox"/> No, it is not mandatory but optional</p> <p>If yes, please indicate:</p> <ul style="list-style-type: none"> • Who may certify the powers of representation? <p><i>Please tick all the boxes that apply</i></p> <p><input type="checkbox"/> Lawyer</p> <p><input type="checkbox"/> Certifying officer</p> <p><input type="checkbox"/> The embassy of our State</p> <p><input type="checkbox"/> Other (please elaborate):</p> <ul style="list-style-type: none"> • If relevant, in what context certification is required: <p>If yes, please indicate the relevant functions of this formal requirement. <i>Please tick all the boxes that apply:</i></p>

	<input type="checkbox"/> To establish the capacity of the adult at the time of granting the powers of representation <input type="checkbox"/> To verify that the person signing the powers of representation is the adult <input type="checkbox"/> To witness the signature of the powers of representation by the adult <input type="checkbox"/> To verify that the powers of representation are in conformity with the law (including the conditions to be met by the representative) <input type="checkbox"/> To verify that the powers of representation are understood by the adult <input type="checkbox"/> To verify that the powers of representation correspond to the will and preferences of the adult <input type="checkbox"/> To confirm the absence of undue influence <input type="checkbox"/> Other (please elaborate):
<p>33.3 Is it mandatory in [name of your State] to have powers of representation witnessed?</p>	<input type="checkbox"/> Powers of representation cannot be witnessed <input type="checkbox"/> Yes, it is mandatory <ul style="list-style-type: none"> <input type="checkbox"/> Always <input type="checkbox"/> Only in specific circumstances <input type="checkbox"/> No, it is not mandatory but optional If yes, please indicate: <ul style="list-style-type: none"> • The minimum number of witnesses required: • Who may qualify as a witness? • If relevant, in what context witnessing is required: If yes, please indicate the relevant functions of this formal requirement. <i>Please tick all the boxes that apply:</i> <input type="checkbox"/> To establish the capacity of the adult at the time of granting the powers of representation <input type="checkbox"/> To verify that the person signing the powers of representation is the adult <input type="checkbox"/> To witness the signature of the powers of representation by the adult <input type="checkbox"/> To verify that the powers of representation are in conformity with the law (including the conditions to be met by the representative) <input type="checkbox"/> To verify that the powers of representation are understood by the adult <input type="checkbox"/> To verify that the powers of representation correspond to the will and preferences of the adult <input type="checkbox"/> To confirm the absence of undue influence <input type="checkbox"/> Other (please elaborate):

<p>33.4 In [name of your State], is the drawing up of powers of representation subject to any other requirements?</p>	<p><input type="checkbox"/> Yes (please specify):</p> <p style="padding-left: 20px;"><input type="checkbox"/> Usage of specified forms (please specify):</p> <p style="padding-left: 20px;"><input type="checkbox"/> Verification by a public authority</p> <p style="padding-left: 20px;"><input type="checkbox"/> Other (please specify):</p> <p><input type="checkbox"/> No, there are no formal requirements other than the ones listed above</p>
<p>33.5 If yes to the above question, is such a formal requirement mandatory?</p>	<p><input type="checkbox"/> Yes, it is mandatory</p> <p style="padding-left: 20px;"><input type="checkbox"/> Always</p> <p style="padding-left: 20px;"><input type="checkbox"/> Only in specific circumstances</p> <p><input type="checkbox"/> No, it is not mandatory but optional</p> <p>If yes, please indicate the relevant functions of this formal requirement. <i>Please tick all the boxes that apply:</i></p> <p><input type="checkbox"/> To establish the capacity of the adult at the time of granting the powers of representation</p> <p><input type="checkbox"/> To verify that the person signing the powers of representation is the adult</p> <p><input type="checkbox"/> To witness the signature of the powers of representation by the adult</p> <p><input type="checkbox"/> To verify that the powers of representation are in conformity with the law (including the conditions to be met by the representative)</p> <p><input type="checkbox"/> To verify that the powers of representation are understood by the adult</p> <p><input type="checkbox"/> To verify that the powers of representation correspond to the will and preferences of the adult</p> <p><input type="checkbox"/> To confirm the absence of undue influence</p> <p><input type="checkbox"/> Other (please elaborate):</p>
<p>33.6 In some cases, the impairment or insufficiency of the personal faculties of an adult may affect their ability to meet the formality requirements to which powers of representation may be subject (e.g., individuals who are visually impaired and are not able to adequately read the document, individuals whose condition affects their ability to physically write and / or sign the document, etc).</p> <p>Are alternative ways in which adults in these circumstances may confer powers of representation available in [name of your State]?</p>	<p><input type="checkbox"/> Yes (please specify):</p> <p><i>Please tick all the boxes that apply.</i></p> <p style="padding-left: 20px;"><input type="checkbox"/> Audio recording of the adult verbally conferring powers of representation</p> <p style="padding-left: 20px;"><input type="checkbox"/> Video recording of the adult verbally / physically conferring powers of representation</p> <p style="padding-left: 20px;"><input type="checkbox"/> Other (please specify):</p> <p><input type="checkbox"/> No</p>
<p>33.7 Are powers of representation in the form of a private agreement without any formal requirements (apart from being in writing)</p>	<p><input type="checkbox"/> Yes (please elaborate):</p> <p><input type="checkbox"/> No</p>

	available under the law of [name of your State]?
33.8	<p>In [name of your State], does the term "in writing", in this context, mean a power of representation recorded in any medium, the information contained in which is accessible so as to be usable for subsequent reference?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No (please explain):</p>
34 Designation of a representative under powers of representation	
34.1	<p>Are there any conditions / limitations (e.g., conflict of interest or other safeguards) as to who can be designated as a representative under powers of representation governed by the law of [name of your State]?</p> <p><input type="checkbox"/> Yes, there are conditions / limitations as to who may be designated as a representative under powers of representation relating to personal matters of the adult (please specify):</p> <p style="padding-left: 20px;"><input type="checkbox"/> Only natural persons can be representatives</p> <p style="padding-left: 20px;"><input type="checkbox"/> Only next of kin can be representatives</p> <p style="padding-left: 20px;"><input type="checkbox"/> Other (please specify):</p> <p><input type="checkbox"/> Yes, there are conditions / limitations as to who may be designated as a representative under powers of representation relating to property matters of the adult (please specify):</p> <p style="padding-left: 20px;"><input type="checkbox"/> Only natural persons can be representatives</p> <p style="padding-left: 20px;"><input type="checkbox"/> Only next of kin can be representatives</p> <p style="padding-left: 20px;"><input type="checkbox"/> Other (please specify):</p> <p><input type="checkbox"/> No</p>
34.2	<p>Would the response to the above question differ if powers of representation were subject to a formal requirement (e.g., notarised, certified, witnessed)?</p> <p><input type="checkbox"/> Yes (please elaborate):</p> <p><input type="checkbox"/> No</p>
35 Supervision and control mechanisms of powers of representation	
35.1	<p>In [name of your State], are powers of representation subject to any supervision / control mechanisms or reporting obligations?</p> <p><input type="checkbox"/> Yes</p> <p>Please indicate the supervision / control mechanism:</p> <p><i>Please tick all the boxes that apply.</i></p> <p><input type="checkbox"/> A person designated (on a mandatory or voluntary basis) under the powers of representation to which the representative must report</p> <p><input type="checkbox"/> A person designated (on a mandatory or voluntary basis) by operation of law to which the representative must report</p> <p><input type="checkbox"/> An authority designated (on a mandatory or voluntary basis) under the powers of representation to which the representative must report</p>

	<input type="checkbox"/> An authority designated (on a mandatory or voluntary basis) by operation of law to which the representative must report <input type="checkbox"/> Other (please specify): <input type="checkbox"/> No
35.2 Would your response to the above question differ if those powers of representation were subject to formal requirements (e.g., notarisatio, certification, witnessing) or not?	<input type="checkbox"/> Yes (please elaborate): <input type="checkbox"/> No
36 Extent of powers of representation	
36.1 Are there any subject matters that cannot be included in a power of representation?	<input type="checkbox"/> Yes, please specify: <i>Please tick all the boxes that apply.</i> <input type="checkbox"/> Administration or conservation of all kinds of property (please elaborate): <input type="checkbox"/> Disposal of immovable property (please elaborate): <input type="checkbox"/> Disposal of movable property (please elaborate): <input type="checkbox"/> Gifts (please elaborate): <input type="checkbox"/> Personal or family matters (please elaborate): <input type="checkbox"/> Medical or health related decisions (please elaborate): <input type="checkbox"/> Other (please specify): <input type="checkbox"/> No
36.2 In [name of your State], are there any particular powers and duties automatically (i.e., by operation of law) given to representatives?	<input type="checkbox"/> Yes (please specify): <input type="checkbox"/> No
36.3 According to the law of [name of your State], do certain subject matters under a power of representation require an intervention by a competent authority?	<input type="checkbox"/> Yes, all powers are subject to a decision by a competent authority in order to be exercised <input type="checkbox"/> Yes, but only certain powers are subject to a decision by a competent authority in order to be exercised (please specify): <i>Please tick all the boxes that apply.</i> <input type="checkbox"/> Administrative decision (please indicate which powers may be subject to such decisions): <input type="checkbox"/> Powers relating to the administration or disposal of immovable property belonging to the adult <input type="checkbox"/> Successions <input type="checkbox"/> Donations <input type="checkbox"/> Other, please specify:

	<input type="checkbox"/> Judicial decision (please indicate which powers may be subject to such decisions): <input type="checkbox"/> No, there are no specific powers that are subject to a decision by a competent authority in order to be exercised
<p>36.4 Are templates / model documents of powers of representation available in [name of your State]?</p>	<input type="checkbox"/> Yes Please indicate the type(s) of templates / model documents available in [name of your State]. <i>Please tick all the boxes that apply.</i> <i>If applicable, please provide a web link to the relevant templates / model documents in the space available next to each item or attach a copy.</i> <ul style="list-style-type: none"> <input type="checkbox"/> A document simply conferring on (a) designated representative(s) all powers that can be legally conferred: <input type="checkbox"/> A document accompanying powers of attorney containing a list of instructions given or wishes made, whether or not they are addressed to the designated attorney: <input type="checkbox"/> A document setting out all the powers that the adult wishes to confer: <input type="checkbox"/> Separate documents for (a) health and welfare powers and (b) property and financial powers: <input type="checkbox"/> Separate powers listed in the same document regarding (a) health and welfare powers and (b) property and financial powers: <input type="checkbox"/> Other (please specify): <input type="checkbox"/> No
<p>37 Registration of powers of representation</p>	
<p>37.1 Can / must powers of representation be registered in [name of your State]?</p>	<input type="checkbox"/> Yes, it is an option <input type="checkbox"/> Yes, it is an obligation for all powers of representation <input type="checkbox"/> Yes, it is an obligation but only for those powers of representation relating to health / medical matters <input type="checkbox"/> Yes, it is an obligation but only for specific types of powers of representation (please specify): <input type="checkbox"/> No (please elaborate):
<p>37.2 If yes to the above question, please indicate the effect of the registration of powers of representation. <i>Please tick all the boxes that apply.</i></p>	<input type="checkbox"/> To publicise the powers of representation for the purposes of effective enforcement <input type="checkbox"/> To allow the powers of representation to come into effect or become operational

	<input type="checkbox"/> To notify the competent authorities of their existence <input type="checkbox"/> Other (please specify):
37.3	<p>If obligatory, is the registration of powers of representation a condition of their validity?</p> <input type="checkbox"/> Yes <input type="checkbox"/> No
37.4	<p>Whether or not registration is a condition of their validity, does the registration of powers of representation imply a validity check in [name of your State]?</p> <input type="checkbox"/> Yes, the registration authority that receives the document conferring the powers of representation must verify their formal or substantive conformity with the law <input type="checkbox"/> Yes, prior to being filed for registration, the document conferring the powers of representation must be reviewed by a notary or lawyer <input type="checkbox"/> Other (please specify): <input type="checkbox"/> No
37.5	<p>Please indicate how powers of representation may be registered in [name of your State]. <i>Please tick all the boxes that apply.</i></p> <input type="checkbox"/> Registration with a public registry <input type="checkbox"/> Registration with a private registry (e.g., national associations of notaries) <input type="checkbox"/> Registration within a health insurance policy (if such powers of representation concern health / medical matters) <input type="checkbox"/> Filing with a competent authority <input type="checkbox"/> Other (please specify):
37.6	<p>Whether registration is obligatory or optional, when should powers of representation governed by the law of [name of your State] be registered?</p> <input type="checkbox"/> Before the occurrence of an impairment or insufficiency of the personal faculties of the adult <input type="checkbox"/> After the occurrence of an impairment or insufficiency of the personal faculties of the adult <input type="checkbox"/> Either
37.7	<p>Whether registration is obligatory or optional, is it possible for powers of representation governed by the law of another State to be registered in [name of your State]?</p> <input type="checkbox"/> Yes, in all cases <input type="checkbox"/> Yes, under certain conditions (please specify): <input type="checkbox"/> No, they cannot be registered
37.8	<p>Whether obligatory or optional, what is the level of detail recorded by registrars responsible for the registration of powers of representation in [name of your State]?</p> <input type="checkbox"/> Only the existence, date and location of the document is recorded <input type="checkbox"/> In addition to the existence, date and location of the document, some personal data of the adult and, if applicable, their representative is recorded <input type="checkbox"/> The entire content of the document conferring the powers of representation is recorded <input type="checkbox"/> Other (please specify):
37.9	<p>Would your responses to questions 37.1 – 37.8 differ if such powers of representation were subject to a formal requirement (e.g., notarised, certified, witnessed etc) or not?</p> <input type="checkbox"/> Yes (please elaborate): <input type="checkbox"/> No

38 Coming into effect of powers of representation	
38.1	<p>In [name of your State], do powers of representation require the intervention of a competent authority to come into effect?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
38.2	<p>If no to the above question, can the adult themselves determine, in the document establishing the powers of representation, the conditions that need to be fulfilled in order for powers of representation to come into effect?</p> <p><input type="checkbox"/> Yes</p> <p>Please indicate the conditions that an adult may provide for in their powers, under the law of [name of your State]:</p> <p><input type="checkbox"/> Upon the signature of the document and the satisfaction of any formal requirements (<i>i.e.</i>, immediately)</p> <p><input type="checkbox"/> Upon a medical diagnosis</p> <p><input type="checkbox"/> Upon the onset of an impairment or insufficiency of their personal faculties</p> <p><input type="checkbox"/> Upon a decision by a competent authority</p> <p><input type="checkbox"/> Upon a decision by the representative</p> <p><input type="checkbox"/> Other (please specify):</p> <p><input type="checkbox"/> No (please elaborate):</p>
38.3	<p>Under the law of [name of your State], in the absence of an explicit provision by the adult regarding the coming into effect of powers of representation, is it possible for such powers to come into effect upon a decision by a representative?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
38.4	<p>Under the law of [name of your State], in the absence of an explicit provision by the adult regarding the coming into effect of powers of representation, is it possible for such powers to come into effect upon a decision of a competent authority?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
38.5	<p>In [name of your State], can powers of representation come into effect immediately?</p> <p><input type="checkbox"/> Yes, powers of representation come into effect upon their establishment, while the adult still has decision-making capacity</p> <p><input type="checkbox"/> Yes, but this will depend on the wording of the document establishing the powers of representation</p> <p><input type="checkbox"/> No, powers of representation can only come into effect following the onset of an impairment or insufficiency of the personal faculties of the adult</p>
38.6	<p>Please explain briefly how the coming into effect of powers of representation affect the legal capacity of the adult under the law of [name of your State].</p> <p><input type="checkbox"/> The legal capacity of the adult is not limited by the coming into effect of the powers of representation</p> <p><input type="checkbox"/> The legal capacity of the adult is limited by the coming into effect of the powers of representation, but this does not preclude the adult from consenting to medical treatment</p>

	<input type="checkbox"/> The legal capacity of the adult is limited in relation to all matters regarding which the powers of representation have been granted. <input type="checkbox"/> Other (please specify):
<p>38.7 In [name of your State], how is it determined that the personal faculties of the adult are impaired or insufficient to the extent that the powers of representation must come into effect?</p>	<input type="checkbox"/> The adult themselves can determine, in the powers of representation, how and by whom their capacity is to be assessed <input type="checkbox"/> A competent authority must intervene in the capacity assessment of the adult <input type="checkbox"/> A representative of the adult can make this assessment <input type="checkbox"/> A medical certificate must be issued regarding the impairment of the adult <input type="checkbox"/> Other (please specify):
<p>38.8 Would your responses to questions 38.1 – 38.7 differ if such powers of representation were subject to a formal requirement (e.g., notarisation, certification, witnessing etc) or not?</p>	<input type="checkbox"/> Yes (please elaborate): <input type="checkbox"/> No (please explain):
<p>38.9 Please share any other information that may be relevant to the coming into effect of powers of representation governed by the law of [name of your State].</p>	
<p>39 Modification of powers of representation</p>	
<p>39.1 Who can modify powers of representation in accordance with the law of [name of your State]?</p> <p><i>Please tick all boxes that apply.</i></p>	<input type="checkbox"/> The adult themselves, prior to their loss of capacity <input type="checkbox"/> The adult themselves, following their loss of capacity, can modify certain aspects of the powers, through an intervention by a competent authority <input type="checkbox"/> The representative of the adult with an intervention by a competent authority <input type="checkbox"/> The representative of the adult without an intervention by a competent authority <input type="checkbox"/> The representative can only make modifications with the authorisation of the adult <input type="checkbox"/> A competent authority <input type="checkbox"/> Modification is not possible
<p>39.2 If applicable, please indicate which of the following elements can be modified by the representative of the adult, without the intervention of a competent authority.</p> <p><i>Please tick all boxes that apply.</i></p>	<input type="checkbox"/> Provisions regarding the modalities of decision-making in the case of joint, several and / or substituted appointments where there are multiple representatives <input type="checkbox"/> Provisions regarding the conditions for the coming into effect of the powers of representation <input type="checkbox"/> Provisions regarding the supervision modalities <input type="checkbox"/> Provisions regarding the extent of the granted powers of representation (i.e., which acts are excluded or included)

	<input type="checkbox"/> Provisions regarding the instructions given or wishes made (advance directives) <input type="checkbox"/> Provisions regarding the preferred person to be appointed by a competent authority, when needed, as a guardian, an assistant or as a trusted person (advance directives) <input type="checkbox"/> Other (please specify):
<p>39.3 Please indicate which of the following elements can be modified by the representative of the adult with the intervention of a competent authority.</p> <p><i>Please tick all boxes that apply.</i></p>	<input type="checkbox"/> Same as above. <input type="checkbox"/> Provisions regarding the modalities of decision-making in the case of joint, several and / or substituted appointments where there are multiple representatives <input type="checkbox"/> Provisions regarding the conditions for the coming into effect of the powers of representation <input type="checkbox"/> Provisions regarding the supervision modalities <input type="checkbox"/> Provisions regarding the extent of the granted powers of representation (<i>i.e.</i> , which acts are excluded or included) <input type="checkbox"/> Provisions regarding the instructions given or wishes made (advance directives) <input type="checkbox"/> Provisions regarding the preferred person to be appointed by a competent authority, when needed, as a guardian, an assistant or as a trusted person (advance directives) <input type="checkbox"/> Other (please specify):
<p>39.4 Please indicate which of the following elements can be modified by a competent authority.</p> <p><i>Please tick all boxes that apply.</i></p>	<input type="checkbox"/> Provisions regarding the modalities of decision-making in the case of joint, several and / or substituted appointments where there are multiple representatives <input type="checkbox"/> Provisions regarding the appointment of a supervisor to the representative <input type="checkbox"/> Provisions regarding the supervision requirements <input type="checkbox"/> Limitation of some of the powers granted to the representative <input type="checkbox"/> Appointing a subsidiary or alternative representative designated by the adult <input type="checkbox"/> Interpretation of powers of representation <input type="checkbox"/> Rectification of the document establishing powers of representation <input type="checkbox"/> Additions of or amendments to advance directives accompanying, for example, (continuing) powers of attorney <input type="checkbox"/> Other (please specify):
<p>39.5 In [name of your State], can a competent authority modify the powers of</p>	<input type="checkbox"/> Before they have come into effect <input type="checkbox"/> After they have come into effect

<p>representation before or after they have come into effect?</p>	<p><input type="checkbox"/> Both</p>
<p>39.6 In [name of your State], is it mandatory for the modification of the powers of representation to be registered?</p>	<p><input type="checkbox"/> Yes, always <input type="checkbox"/> Yes, but only if a competent authority was not involved in the modification <input type="checkbox"/> No (please explain):</p>
<p>39.7 Would your response to the above questions differ if the powers of representation were subject to a formal requirement (e.g., notarisaton, certification, witnessing etc) or not?</p>	<p><input type="checkbox"/> Yes (please explain): <input type="checkbox"/> No</p>
<p>40 Extinction of powers of representation</p>	
<p>40.1 Please indicate the circumstances that must be met for the extinction of powers of representation governed by the law of [name of your State]. <i>Please tick all the boxes that apply.</i></p>	<p>Circumstances concerning the adult:</p> <p><input type="checkbox"/> The adult has recovered their capacity <input type="checkbox"/> The adult has died <input type="checkbox"/> The adult has revoked the powers of representation prior to the impairment of their personal faculties <input type="checkbox"/> The adult has revoked the powers of representation after the impairment of their personal faculties, an action which may require authorisation / confirmation by a competent authority <input type="checkbox"/> The adult has appointed another representative, which may imply the extinction of earlier powers of representation, unless such an appointment is additional and complementary to the existing appointed representative <input type="checkbox"/> The adult has been declared bankrupt or insolvent (in the context of powers of representation dealing with financial and / or property matters). <input type="checkbox"/> Other (please specify):</p> <p>Circumstances concerning the representative:</p> <p><input type="checkbox"/> The representative is not carrying out their duties in a manner sufficient to guarantee the protection of the person or property of the adult <input type="checkbox"/> The representative has died <input type="checkbox"/> The representative has resigned <input type="checkbox"/> The representative refuses to assume their duties, upon the impairment of the personal faculties of the adult <input type="checkbox"/> The representative's personal faculties have been impaired and / or a competent authority has taken a measure of protection on their behalf <input type="checkbox"/> The representative has been declared bankrupt or insolvent</p>

	<input type="checkbox"/> The representative of the adult is their spouse / civil partner and the powers of representation provide that, upon separation, divorce or nullity of their marriage or civil partnership, the powers are to be extinguished <input type="checkbox"/> The representative and the adult are in a conflict of interest <input type="checkbox"/> Other (please specify):
40.2 Would your response to the above question differ if such powers of representation were subject to a formal requirement (e.g., notarisation, certification, witnessing etc) or not?	<input type="checkbox"/> Yes (please explain): <input type="checkbox"/> No
40.3 In [name of your State], would the circumstances listed in 40.1 result in an automatic (i.e., by operation of law) extinction or would an intervention by a competent authority be necessary? <i>Please tick all the boxes that apply.</i>	<input type="checkbox"/> All circumstances listed in 40.1 would result in an automatic extinction <input type="checkbox"/> Some of the circumstances listed in 40.1 would result in an automatic extinction (please indicate which circumstances): <input type="checkbox"/> All of the circumstances listed in 40.1 would require an intervention by a competent authority in order for the power of representation to become extinct <input type="checkbox"/> Some of the circumstances listed in 40.1 would require an intervention by a competent authority in order to become extinct (please indicate which circumstances):
40.4 In [name of your State], is it mandatory for the extinction of the powers of representation to be registered?	<input type="checkbox"/> Yes <input type="checkbox"/> No
41 Authorities competent to intervene in the existence, extent, modification and extinction of powers of representation	
<p>Competent authorities may take decisions in relation to powers of representation regarding their coming into force, their validity, their interpretation, their modification or their supervision. Decisions on the coming into force of the powers (i.e., decisions in relation to the capacity of the adult) can be construed as direct confirmations of powers, whereas decisions rendered after the coming into effect of powers, which relate to their existence, extent or modification, can be construed as indirect confirmations. Such decisions could be considered an act of “confirmation” under Article 38.</p>	
41.1 In [name of your State], which authority(ies) is (are) competent to intervene in matters regarding powers of representation governed by law of [name of your State] (i.e., regarding the coming into force of the powers, their existence, extent, modification and extinction)? <i>If possible, please provide a web link to the relevant legislation or attach a copy.</i>	<input type="checkbox"/> Only one authority is competent Please provide the details of this authority: Name of organisation: Telephone: Fax: Email: Website: <input type="checkbox"/> More than one authority is competent

	<p><i>Please provide the details of all the authorities which are competent as requested above (name, telephone, fax, email and website).</i></p>
<p>41.2 Can the aforementioned authority in [name of your State] also intervene in matters regarding powers of representation governed by the law of another State?</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No, the aforementioned authority is only competent to intervene in powers of representation governed by the law of our State</p> <p><input type="checkbox"/> No, a different authority is competent to intervene in matters regarding powers of representation governed by the law of another State</p> <p><i>Please indicate:</i></p> <p>Name of organisation:</p> <p>Telephone:</p> <p>Fax:</p> <p>Email:</p> <p>Website:</p>
<p>41.3 Can the aforementioned authority intervene in matters regarding powers of representation regardless of whether or not they have come into effect?</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No (please explain):</p>
<p>41.4 Please indicate the documents necessary in order to initiate such proceedings in [name of your State].</p> <p><i>Please tick all boxes that apply.</i></p>	<p><input type="checkbox"/> The document establishing the powers of representation</p> <p><input type="checkbox"/> A medical certificate regarding the impairment of the adult</p> <p><input type="checkbox"/> Other (please specify):</p>
<p>42 Ex lege representation</p>	
<p>42.1 Please list and describe the possible types of representation available in [name of your State], arising by operation of law (<i>ex lege</i>), that apply to the protection of adults who, by reason of an impairment or insufficiency of their personal faculties, are not in a position to protect their interests.</p> <p><i>Please tick all boxes that apply.</i></p>	<p><input type="checkbox"/> Representation between married couples</p> <p>Representation may include:</p> <p><input type="checkbox"/> Taking health / medical decisions on behalf of the spouse</p> <p><input type="checkbox"/> Taking decisions regarding the placement of the spouse in an establishment where support and / or protection can be provided</p> <p><input type="checkbox"/> Administration of property on behalf of the spouse</p> <p><input type="checkbox"/> Disposal of property on behalf of the spouse</p> <p><input type="checkbox"/> Taking financial decisions on behalf of the spouse</p> <p><input type="checkbox"/> Other (please specify):</p> <p><input type="checkbox"/> Representation between registered partners</p> <p>Representation may include:</p>

	<ul style="list-style-type: none"><input type="checkbox"/> Taking health / medical decisions on behalf of the registered partner<input type="checkbox"/> Taking decisions regarding the placement of the registered partner in an establishment where support and / or protection can be provided<input type="checkbox"/> Administration of property on behalf of the registered partner<input type="checkbox"/> Disposal of property on behalf of the registered partner<input type="checkbox"/> Taking financial decisions on behalf of the registered partner<input type="checkbox"/> Other (please specify): <p><input type="checkbox"/> Representation between cohabiting couples (with a cohabitation agreement)</p> <p>Representation may include:</p> <ul style="list-style-type: none"><input type="checkbox"/> Taking health / medical decisions on behalf of the cohabiting partner<input type="checkbox"/> Taking decisions regarding the placement of the cohabiting partner in an establishment where support and / or protection can be provided<input type="checkbox"/> Administration of property on behalf of the cohabiting partner<input type="checkbox"/> Disposal of property on behalf of the cohabiting partner<input type="checkbox"/> Taking financial decisions on behalf of the cohabiting partner<input type="checkbox"/> Other (please specify): <p><input type="checkbox"/> Representation between cohabiting couples (without a cohabitation agreement)</p> <p>Representation may include:</p> <ul style="list-style-type: none"><input type="checkbox"/> Taking health / medical decisions on behalf of the cohabiting partner<input type="checkbox"/> Taking decisions regarding the placement of the cohabiting partner in an establishment where support and / or protection can be provided<input type="checkbox"/> Administration of property on behalf of the cohabiting partner<input type="checkbox"/> Disposal of property on behalf of the cohabiting partner<input type="checkbox"/> Taking financial decisions on behalf of the cohabiting partner<input type="checkbox"/> Other (please specify): <p><input type="checkbox"/> Representation between next of kin</p>
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	<p><i>If applicable, please elaborate on who may be considered next of kin in [name of your State]:</i></p> <p>Representation may include:</p> <p><input type="checkbox"/> Taking health / medical decisions on behalf of next of kin</p> <p><input type="checkbox"/> Taking decisions regarding the placement of next of kin in an establishment where support and / or protection can be provided</p> <p><input type="checkbox"/> Administration of property on behalf of next of kin</p> <p><input type="checkbox"/> Disposal of property on behalf of next of kin</p> <p><input type="checkbox"/> Taking financial decisions on behalf of next of kin</p> <p><input type="checkbox"/> Other (please specify):</p> <p><input type="checkbox"/> Other type of representation (please specify):</p> <p>Representation may include:</p> <p>Please specify:</p>
<p>42.2 Please indicate whether it is obligatory for any of the aforementioned <i>ex lege</i> representatives to be consulted on decisions regarding the person or property of the adult.</p>	<p><input type="checkbox"/> Yes (please specify which <i>ex lege</i> representative):</p> <p><input type="checkbox"/> No</p>
<p>42.3 If yes to the above question, please indicate who is obliged to consult the <i>ex lege</i> representative.</p> <p><i>Please tick all boxes that apply.</i></p>	<p><input type="checkbox"/> Doctors only</p> <p><input type="checkbox"/> All medical personnel</p> <p><input type="checkbox"/> Social workers</p> <p><input type="checkbox"/> Civil servants</p> <p><input type="checkbox"/> Financial institutions</p> <p><input type="checkbox"/> Competent authorities</p> <p><input type="checkbox"/> All of the above</p> <p><input type="checkbox"/> Other (please specify):</p>
<p>42.4 Please provide any additional information with regard to powers of representation governed by the law of [name of your State].</p>	
<p>43 Questions relating specifically to advance directives</p>	
<p>Advance directives are “instructions given or wishes made by a capable adult concerning issues that may arise in the event of his or her incapacity” (see Council of Europe, Recommendation CM/Rec(2009)11). An advance directive is a type of anticipatory act which, most commonly, concerns matters of health, welfare and other personal matters relating to the person of the adult, such as their place of care / treatment or their place of residence. Advance directives can also apply to economic and financial matters relating to the adult or their property, as well as to the choice of a guardian, supported decision-maker or assistant. Advance directives may or may not identify a particular individual or group of individuals who may be called upon to provide assistance to the adult. If a particular individual or group of individuals is identified in the advance directive, this could include, for</p>	

<p>instance, a representative appointed through a measure of protection, an attorney acting under a (continuing) power of attorney, other individuals, in accordance with the applicable law, such as medical staff who may treat or assist the adult, social workers or any other person who may take actions affecting the adult or who may assist the adult. Although advance directives are not, <i>stricto sensu</i>, wills, the term “living will” is commonly used in some domestic laws to describe both the binding instructions and the wishes to be taken into account in matters of health.</p>	
<p>43.1 Does the law of [name of your State] provide for advance directives?</p> <p><i>If applicable, please provide a web link to relevant legislation or attach a copy.</i></p> <p><i>Please tick all boxes that apply.</i></p>	<p><input type="checkbox"/> Yes, the law provides for medical / health advance directives that accompany a (continuing) power of attorney</p> <p><input type="checkbox"/> Yes, the law provides for non-medical / health advance directives that accompany a (continuing) power of attorney</p> <p><input type="checkbox"/> Yes, the law provides for standalone advance directives (<i>i.e.</i>, that do not accompany or include a (continuing) power of attorney) regarding medical / health matters</p> <p><input type="checkbox"/> Yes, the law provides for standalone advance directives (<i>i.e.</i>, that do not accompany or include a (continuing) power of attorney) regarding non-medical / health matters</p> <p><input type="checkbox"/> Yes, the law provides for standalone advance directives (<i>i.e.</i>, that do not accompany a (continuing) power of attorney) regarding medical / health matters but which include a power of attorney in the same document</p> <p><input type="checkbox"/> Yes, the law provides for standalone advance directives (<i>i.e.</i>, that do not accompany a (continuing) power of attorney) regarding non-medical / health matters but which include a power of attorney in the same document</p> <p><input type="checkbox"/> No (please elaborate):</p>
<p>43.2 If yes to the above question, please indicate whether advance directives can be subject to any formal requirements in [name of your State]?</p> <p><i>Please tick all the boxes that apply.</i></p>	<p><input type="checkbox"/> All advance directives are subject to the same formal requirements</p> <p><i>Please indicate the type of formal requirement and whether it is optional or mandatory:</i></p> <p><input type="checkbox"/> Notarisation</p> <p style="padding-left: 20px;"><input type="checkbox"/> Optional</p> <p style="padding-left: 20px;"><input type="checkbox"/> Mandatory</p> <p><input type="checkbox"/> Certification</p> <p style="padding-left: 20px;"><input type="checkbox"/> Optional</p> <p style="padding-left: 20px;"><input type="checkbox"/> Mandatory</p> <p><input type="checkbox"/> Witnessing</p> <p style="padding-left: 20px;"><input type="checkbox"/> Optional</p> <p style="padding-left: 20px;"><input type="checkbox"/> Mandatory</p> <p><input type="checkbox"/> Other (please specify):</p> <p style="padding-left: 20px;"><input type="checkbox"/> Optional</p> <p style="padding-left: 20px;"><input type="checkbox"/> Mandatory</p>

	<p><input type="checkbox"/> Medical / health advance directives can be subject to formal requirements</p> <p><i>Please indicate the type of formal requirement and whether it is optional or mandatory:</i></p> <p><input type="checkbox"/> Notarisation</p> <p style="padding-left: 20px;"><input type="checkbox"/> Optional</p> <p style="padding-left: 20px;"><input type="checkbox"/> Mandatory</p> <p><input type="checkbox"/> Certification</p> <p style="padding-left: 20px;"><input type="checkbox"/> Optional</p> <p style="padding-left: 20px;"><input type="checkbox"/> Mandatory</p> <p><input type="checkbox"/> Witnessing</p> <p style="padding-left: 20px;"><input type="checkbox"/> Optional</p> <p style="padding-left: 20px;"><input type="checkbox"/> Mandatory</p> <p><input type="checkbox"/> Other (please specify):</p> <p style="padding-left: 20px;"><input type="checkbox"/> Optional</p> <p style="padding-left: 20px;"><input type="checkbox"/> Mandatory</p> <p><input type="checkbox"/> Non-medical / health advance directives can be subject to formal requirements</p> <p><i>Please indicate the type of formal requirement and whether it is optional or mandatory:</i></p> <p><input type="checkbox"/> Notarisation</p> <p style="padding-left: 20px;"><input type="checkbox"/> Optional</p> <p style="padding-left: 20px;"><input type="checkbox"/> Mandatory</p> <p><input type="checkbox"/> Certification</p> <p style="padding-left: 20px;"><input type="checkbox"/> Optional</p> <p style="padding-left: 20px;"><input type="checkbox"/> Mandatory</p> <p><input type="checkbox"/> Witnessing</p> <p style="padding-left: 20px;"><input type="checkbox"/> Optional</p> <p style="padding-left: 20px;"><input type="checkbox"/> Mandatory</p> <p><input type="checkbox"/> Other (please specify):</p> <p style="padding-left: 20px;"><input type="checkbox"/> Optional</p> <p style="padding-left: 20px;"><input type="checkbox"/> Mandatory</p> <p><input type="checkbox"/> No, advance directives are not subject to any formal requirements.</p>
<p>43.3 If yes to question 43.1, in what form are advance directives available and / or operable in [name of your State]?</p>	<p><input type="checkbox"/> Advance directives in the form of an agreement</p> <p><input type="checkbox"/> Advance directives in the form of a unilateral act</p> <p><input type="checkbox"/> Both</p>
<p>43.4 If no to question 43.1, would advance directives be given effect in [name of your State]?</p>	<p><input type="checkbox"/> Yes, regardless of whether the advance directive accompanies a (continuing) power of attorney or is standalone</p>

	<input type="checkbox"/> Yes, if the advance directive accompanies a (continuing) power of attorney <input type="checkbox"/> Yes, if the advance directive is standalone <input type="checkbox"/> No (please elaborate):
<p>43.5 In [name of your State], advance directives are binding on: <i>Please tick all boxes that apply.</i></p>	<input type="checkbox"/> Doctors only <input type="checkbox"/> All medical personnel <input type="checkbox"/> Social workers <input type="checkbox"/> Civil servants <input type="checkbox"/> Financial institutions <input type="checkbox"/> Competent authorities <input type="checkbox"/> Other (please specify): <input type="checkbox"/> Advance directives are not binding
<p>43.6 Is the registration of advance directives in a public registry available in [name of your State]? <i>Please tick all the boxes that apply.</i></p>	<input type="checkbox"/> Yes, advance directives regarding medical / health matters can be registered in a public registry <input type="checkbox"/> Yes, advance directives regarding the choice of a representative can be registered in a public registry <input type="checkbox"/> Yes, advance directives are registered in a public registry along with the accompanying (continuing) powers of attorney <input type="checkbox"/> Other (please specify): <input type="checkbox"/> No, advance directives cannot be registered in a public registry
<p>43.7 Is the registration of advance directives in a health insurance policy available in [name of your State]?</p>	<input type="checkbox"/> Yes, advance directives can be registered in a health insurance policy <input type="checkbox"/> No, advance directives cannot be registered in a health insurance policy
<p>43.8 Does the law of [name of your State] require healthcare professionals to consult these registered advance directives prior to providing treatment? <i>Please tick all the boxes that apply.</i></p>	<input type="checkbox"/> Yes, healthcare professionals are legally required to consult all advance directives registered in a public registry <input type="checkbox"/> Yes, healthcare professionals are legally required to consult all advance directives registered in a health insurance policy <input type="checkbox"/> No, healthcare professionals are not legally required to consult any registered advance directive, but they have the discretion to do so <input type="checkbox"/> Other (please elaborate):
<p>43.9 In [name of your State], is it possible to obtain information regarding advance directives from a public registry, a health insurance policy or other similar means?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> From a public registry <input type="checkbox"/> From a health insurance policy <input type="checkbox"/> Other (please specify): <input type="checkbox"/> No

<p>43.10 If yes to the above question, who may access that information? <i>Please tick all the boxes that apply.</i></p>	<p><input type="checkbox"/> Doctors only <input type="checkbox"/> All medical personnel <input type="checkbox"/> Social workers <input type="checkbox"/> Civil servants <input type="checkbox"/> Financial institutions <input type="checkbox"/> Competent authorities <input type="checkbox"/> Central Authorities <input type="checkbox"/> All of the above <input type="checkbox"/> Other (please specify):</p>
<p>VIII. Co-operation (Arts 28 – 37)</p>	
<p>44 Noting that services provided by Central Authorities under the 2000 Convention may vary from jurisdiction to jurisdiction, does the Central Authority of [name of your State] provide assistance (either directly or through public authorities or other bodies in [name of your State]) to an individual habitually resident in [name of your State] who has requested assistance regarding a matter falling within the scope of the 2000 Convention in a requested State?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No (please elaborate):</p>
<p>45 If yes to the above question, please indicate the type of assistance provided by the Central Authority of [name of your State]. <i>Please tick all boxes that apply.</i></p>	<p><input type="checkbox"/> Assistance in obtaining information on the operation of the 2000 Convention <input type="checkbox"/> Assistance in obtaining information on the relevant laws and / or procedures and / or services available in the requested State <input type="checkbox"/> Establishment of contact with the Central Authority and / or the competent authorities in the requested State to find out the kind of assistance such authorities could provide <input type="checkbox"/> Transmission of a request to the Central Authority or to the competent authorities in the requested State <input type="checkbox"/> Assistance in discovering the whereabouts of an adult (Art. 30(b)) <input type="checkbox"/> Assistance in initiating judicial or administrative proceedings <input type="checkbox"/> Assistance in providing or facilitating the provision of legal aid and advice <input type="checkbox"/> Assistance in obtaining private legal counsel or mediation services, where needed, in the requested State <input type="checkbox"/> Ensuring separate legal representation for the adult</p>

	<input type="checkbox"/> Ensuring support for exercise of capacity in accordance with Article 12(3) of the UNCRRPD <input type="checkbox"/> Referral to other governmental and / or non-governmental organisations for assistance <input type="checkbox"/> Provision of regular updates on the progress of the request <input type="checkbox"/> Other (please specify):
<p>46 Noting that services provided by Central Authorities under the 2000 Convention may vary from jurisdiction to jurisdiction, does the Central Authority of [name of your State], in practice, provide assistance (either directly or through other competent authorities in [name of your State]) to an individual residing abroad who has requested assistance regarding a matter falling within the scope of the 2000 Convention?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No (please elaborate):
<p>47 If yes to the above question, please indicate the type of assistance provided by the Central Authority of [name of your State].</p> <p><i>Please tick all boxes that apply.</i></p>	<input type="checkbox"/> Assistance in obtaining information on the operation of the 2000 Convention <input type="checkbox"/> Assistance in obtaining information on the relevant laws and / or procedures and / or services available in the requested State <input type="checkbox"/> Establishment of contact with the Central Authority and / or the competent authorities in the requested State to find out the kind of assistance such authorities could provide <input type="checkbox"/> Transmission of a request to the Central Authority or to the competent authorities in the requested State <input type="checkbox"/> Assistance in discovering the whereabouts of an adult (Art. 30(b)) <input type="checkbox"/> Assistance in initiating judicial or administrative proceedings <input type="checkbox"/> Assistance in providing or facilitating the provision of legal aid and advice <input type="checkbox"/> Assistance in obtaining private legal counsel or mediation services, where needed, in the requested State <input type="checkbox"/> Ensuring separate legal representation for the adult <input type="checkbox"/> Ensuring support for exercise of capacity in accordance with Article 12(3) of the UNCRRPD <input type="checkbox"/> Referral to other governmental and / or non-governmental organisations for assistance <input type="checkbox"/> Provision of regular updates on the progress of the request <input type="checkbox"/> Other (please specify):

<p>48 Locating an adult, where it appears they may be in need of protection (Art. 30(b))</p>	
<p>48.1 How does the Central Authority of [name of your State], on the request of a competent authority of another Contracting Party, provide assistance in discovering the whereabouts of an adult where it appears that said adult may be present and in need of protection within the territory of [name of your State]? Article 30(b) of the 2000 Convention.</p>	<p><input type="checkbox"/> Assistance is provided directly Please elaborate on the procedure:</p> <p><input type="checkbox"/> Assistance is provided through public authorities Please elaborate on the procedure:</p> <p><input type="checkbox"/> Assistance is provided through other bodies Please indicate the body and elaborate on the procedure:</p>
<p>48.2 What type of information would the Central Authority or other competent authorities in [name of your State] require, in order to provide assistance in discovering the whereabouts of an adult, on the request of another State? <i>Please tick all boxes that apply.</i></p>	<p><input type="checkbox"/> Information that the adult entered our State (e.g., evidence that the adult boarded a flight/ship/train/bus bound for our State)</p> <p><input type="checkbox"/> Information from the requesting authority as to why they believe the adult is in our State and in need of protection</p> <p><input type="checkbox"/> No information is required; searches can begin upon formal request</p> <p><input type="checkbox"/> Other (please explain):</p>
<p>48.3 What mechanisms or sources of information are available in [name of your State] to discover the whereabouts of an adult? <i>Please tick all boxes that apply.</i></p>	<p><input type="checkbox"/> Private location services</p> <p><input type="checkbox"/> Population register</p> <p><input type="checkbox"/> Employment register</p> <p><input type="checkbox"/> Information maintained by other government agencies (e.g., immigration, social welfare)</p> <p><input type="checkbox"/> Police</p> <p><input type="checkbox"/> EUROPOL</p> <p><input type="checkbox"/> INTERPOL</p> <p><input type="checkbox"/> Court orders to compel the production of information on the whereabouts of the adult</p> <p><input type="checkbox"/> Other (please specify):</p>
<p>48.4 Please indicate who is responsible for gathering the information from the sources listed above by inserting the relevant source next to the responsible person or authority.</p>	<ul style="list-style-type: none"> • Central Authority: • The applicant: • The applicant's representative: • Other (please specify):
<p>48.5 Please indicate whether access to any of the sources of information listed above would require an order issued by a competent authority.</p>	
<p>49 Placement of the adult in an establishment, or other place where protection can be provided, located in another Contracting Party (Art. 33)</p>	
<p>49.1 As a requesting State, please describe the procedure and list the conditions for the placement of an adult in an establishment, or other place where</p>	<p>Please briefly describe the procedure:</p> <p>Please indicate the conditions for such placement:</p>

<p>protection can be provided, located in another Contracting Party.</p>	<p><i>Please tick all boxes that apply.</i></p> <p><input type="checkbox"/> If the adult poses a danger to themselves or others and such danger cannot be otherwise averted</p> <p><input type="checkbox"/> If a competent authority has ordered such placement</p> <p><input type="checkbox"/> If the placement is critical to the life and health of the adult and support / assistance cannot be provided otherwise</p> <p><input type="checkbox"/> Other (please specify):</p>
<p>49.2 As a requested State, please indicate the information you would need to receive from a requesting State regarding the placement of an adult in an establishment or other place located in [name of your State].</p> <p><i>Please tick all boxes that apply.</i></p>	<p><input type="checkbox"/> A decision by a competent authority ordering the placement of the adult</p> <p><input type="checkbox"/> A certificate issued by a medical doctor / psychiatrist, attesting to the need for the placement of the adult</p> <p><input type="checkbox"/> The written consent of a spouse / registered partner / cohabiting partner to the placement of the adult</p> <p><input type="checkbox"/> Other (please specify):</p>
<p>49.3 Please indicate which authority in [name of your State] is responsible for:</p>	<ul style="list-style-type: none"> • Consulting on proposed placements of an adult in [name of your State]: Name of organisation: Telephone: Fax: Email: Website: • Preparing reports on the adult in relation to their cross-border placement in the territory of another State: Name of organisation: Telephone: Fax: Email: Website:
<p>49.4 Please briefly elaborate on the procedure followed by the Central or other competent authority in [name of your State], in order to arrange a cross-border placement of an adult (including any conditions or safeguards in place).</p>	<p>Procedure for the placement of an adult habitually residing in [name of your State] in an establishment located in another State:</p> <p>Procedure for the placement of an adult habitually residing in another State in an establishment located in [name of your State]:</p>
<p>50</p>	<p>Direct judicial communications, including through the assistance of Central Authorities (Arts 30, 32, 33 and 34)</p>

<p>50.1 Has a Member of the International Hague Network of Judges been designated in [name of your State]?</p> <p><i>For more information go to < www.hcch.net > under “1980 Child Abduction Section” then “The International Hague Network of Judges” or “Judicial Communications”.</i></p>	<p><input type="checkbox"/> Yes</p> <p>Please specify their name(s):</p> <p><i>Please do not list the contact details of the judge(s) here. Instead, please ensure that the name, position, court and contact details have been provided to the Permanent Bureau</i></p> <p><input type="checkbox"/> No</p>
<p>50.2 Is there a legislative basis upon which judges in [name of your State] can engage in direct judicial communications?</p>	<p><input type="checkbox"/> Yes</p> <p><i>Please specify how the legislation can be accessed (e.g., a web link) or attach a copy</i></p> <p><input type="checkbox"/> No, please go to question 52 below</p>
<p>50.3 In the absence of legislation, can judges in [name of your State] engage in direct judicial communications?</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No (please explain):</p>
<p>50.4 What means of communication are available to judges in [name of your State] to liaise with the International Hague Network of Judges?</p>	<p><input type="checkbox"/> Telephone</p> <p><input type="checkbox"/> Secure e-mail</p> <p><input type="checkbox"/> Registered mail</p> <p><input type="checkbox"/> Other (please specify):</p>
<p>IX. General</p>	
<p>51 International certificates under Article 38</p>	
<p>51.1 Where authorities in [name of your State] have taken a measure of protection or have confirmed a power of representation, does [name of your State] provide (if requested) for the delivery of certificates to a person entrusted with the protection of the adult’s person or property, indicating the capacity in which said person may act and the powers conferred, under Article 38?</p>	<p><input type="checkbox"/> Yes (please ensure you have responded to question 5 above)</p> <p><input type="checkbox"/> No</p>
<p>51.2 If yes to the above question, how may certificates under Article 38 be requested in [name of your State]?</p> <p><i>Please tick all boxes that apply.</i></p>	<p><input type="checkbox"/> By an application on a website</p> <p><input type="checkbox"/> By e-mail</p> <p><input type="checkbox"/> By mail</p> <p><input type="checkbox"/> By phone</p> <p><input type="checkbox"/> In person</p> <p><input type="checkbox"/> Other (please specify):</p>
<p>51.3 In addition to the official language of [name of your State], can the certificate be issued in different languages?</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> English</p> <p><input type="checkbox"/> French</p> <p><input type="checkbox"/> Spanish</p> <p><input type="checkbox"/> Other (please specify):</p> <p><input type="checkbox"/> No</p>

52 Training	
<p>What measures are available in [name of your State] to ensure that persons responsible for implementing the 2000 Convention (e.g., judges, lawyers and Central Authority personnel) receive appropriate information and training?</p> <p><i>Please tick all the boxes that apply.</i></p> <p><i>Please contact the Permanent Bureau for information in relation to forms of assistance which may be available for this purpose.</i></p>	<p><input type="checkbox"/> Training as required for Central Authority staff</p> <p><input type="checkbox"/> Training as required for competent authorities</p> <p><input type="checkbox"/> Updates as required on legal developments related to the 2000 Convention provided to staff responsible for its implementation</p> <p><input type="checkbox"/> Training as required for lawyers</p> <p><input type="checkbox"/> Training as required for staff of financial institutions</p> <p><input type="checkbox"/> Other (please specify):</p> <p>Specifically in respect of judges:</p> <p><input type="checkbox"/> Sending a basic package of information on the 2000 Protection of Adults Convention to judges</p> <p><input type="checkbox"/> Training through a dedicated judicial studies board</p> <p><input type="checkbox"/> Participation in judicial training seminars</p> <p><input type="checkbox"/> [Participation in the International Hague Network of Judges]</p> <p><input type="checkbox"/> Other (please specify):</p>
53 Other information	
<p>53.1 Does the Central Authority of [name of your State] have regular meetings with competent authorities to exchange any experience or insights on the implementation and operation of the 2000 Convention?</p>	<p><input type="checkbox"/> Yes</p> <p>If possible, please indicate how often such meetings take place:</p> <p><input type="checkbox"/> Once a year</p> <p><input type="checkbox"/> Twice a year</p> <p><input type="checkbox"/> As needed</p> <p><input type="checkbox"/> Other (please specify):</p> <p><input type="checkbox"/> No</p>
<p>53.2 In [name of your State], what mechanisms / laws are in place in order to protect the confidentiality of information that is gathered or transmitted under the 2000 Convention?</p> <p>Articles 39 and 40 of the 2000 Convention.</p>	<p><input type="checkbox"/> General Data Protection Regulation (EU) 2016/679 (GDPR)</p> <p><input type="checkbox"/> Other (please specify):</p>
<p>53.3 What other services / resources are available in [name of your State] to assist those involved in the international protection of adults?</p> <p><i>Please tick all the boxes that apply.</i></p> <p><i>Please indicate, where available, contact details, websites and costs for such services.</i></p>	<p><input type="checkbox"/> NGOs and international organisations dealing specifically with the protection of adults (please provide contact information)</p> <p>Name of organisation:</p> <p>Telephone:</p> <p>Fax:</p> <p>Email:</p>

	<p>Website:</p> <p><input type="checkbox"/> Financial / legal assistance</p> <p><input type="checkbox"/> Social / welfare assistance</p> <p><input type="checkbox"/> Other (please specify):</p>
X. Electronic resources	
<p>Please use the space below to provide any additional links to relevant legislation, rules of private international law regarding the protection of adults, relevant websites (e.g., of courts and other competent authorities, notary associations, certification authorities, public bodies, organisations) and any other electronic resource pertinent to the protection of adults.</p>	