THE HIGH COURT

WARDS OF COURT

[2022] IEHC 448

Record No: WOC11225

IN THE MATTER OF Ms. AB

RESPONDENT

JUDGMENT OF Ms. Justice Niamh Hyland delivered on 12 July 2022

Introduction

1. This is a twelfth section application made under the Lunacy Regulation (Ireland) Act 1871 (the "1871 Act") to take Ms. AB, respondent, into wardship. The application for wardship is opposed by her son Mr. ET, with whom she lives, primarily on the basis that wardship is not necessary to protect her interests and that an Enduring Power of Attorney ("EPA") created in 2019 should now be registered as an alternative way of protecting her interests.
2. Having regard to the evidence in the case pointing to very serious concerns about the respondent's health and welfare, and the necessity that urgent steps be taken in this respect, I have concluded that wardship is in the best interests of the respondent at the present time. Registration of the EPA would not, for the reasons I identify below, address those health and welfare concerns.

Factual Background

3. The applicants are three of the respondent's six children, being Ms. CI, Ms. DB and Mr. BT. Her other three children are Mr. ET, Mr. KT and Ms. QX. All are adults. The respondent was born in 1932 and is a widow. She resides in Dublin. Mr. ET moved into

her residence after an accident that took place in 2017 where the respondent was knocked down by a bin lorry and sustained a fractured skull. She spent 5 weeks in St. Vincent's Hospital. She was active, independent and in good health before the accident. She had been a little forgetful and inclined to repeat herself but after the accident her short-term memory became very poor. When it was time for her to be discharged from hospital it was suggested that HSE approved care assistants be organised for her. In the view of Ms. CI, she required 24-hour care at that stage.

Procedural steps leading to inquiry

4. On 8 February 2022, having read the *ex parte* docket and the affidavit of Ms. CI sworn on 4 February 2022 (described below), I directed that pursuant to s.11 of the 1871 Act, a medical visitor should be appointed to enquire into the state of her mind and her capacity or otherwise to manage her person and property. I also made an Order that Mr. ET facilitate access to the Court's medical visitor and gave him liberty to apply to vary the Order on 48 hours' notice to the applicants. No application for variation was made.
5. On 15 February 2022 Mr. F, solicitor for the applicants, made the following attempts to serve the Order of 8 February. He attended in person at the home of the respondent and delivered a letter addressed to Mr. ET by posting it through the letterbox. He then sent Mr. ET a text message to his mobile phone advising of the making of the Order. He received no reply to same. He sent an email on 15 February attaching a copy of the Order. He received no reply to the email. He served him with a further copy of the Order by registered post on 16 February 2022. It was not returned and delivered to him.
6. Subsequently, he received communication from Mr. PC, solicitor on behalf of Mr. ET, confirming that Mr. ET had furnished him with the copy of the Order.
7. On 4 March 2022 Dr. Matthew Sadlier, Clinical Director, Psychiatry of Old Age and General Adult Psychiatry, Dublin North City Mental Health Service and UCD

Associate Clinical Professor, UCD School of Medicine, visited the respondent as medical visitor at the request of the Wards of Court Office and provided a report on the same day. I will return to its contents below.

8. It was ordered by the President of the High Court on 16 March 2022 that the report stand and be proceeded upon as a petition praying for an inquiry as to the soundness or unsoundness of mind of the respondent. It was ordered that an inquiry be had and that the respondent have notice of the report.

9. On 5 April 2022 Mr. F, solicitor for the applicants, served the respondent with the originating Notice of Order on report under s.12 of the 1871 Act. That Notice identifies the entitlement of a respondent to object to an enquiry being held or to demand the enquiry take place before a jury. Mr. F attempted to explain the nature and implications of the application to the respondent. He identified that she responded as follows when he served her with the notice "*it's all lies*" and "*I reared six of them so I must have done something right*".

10. On 20 May 2022 Dr. Eric Roche, consultant psychiatrist of Cluain Mhuire Community Adult Mental Health Service, provided a medical report. In that report he noted that Mr. F, solicitor for the applicants, had liaised with a solicitor acting on behalf of Mr. ET to organise a visit to Mr. ET's home to complete the assessment. He notes that he visited the house on 20 April 2022 but there was no response when he knocked on the door repeatedly for a period of 15 minutes. He visited again on 27 April 2022 but was refused access to assess the respondent by Mr. ET. He noted that Mr. ET facilitated his access to the house on his third visit to the house, being 11 May 2022. I describe the contents of his report below.

11. On 8 June 2022 Mr. PC was notified by Mr. F of the hearing date for the inquiry into wardship, being 21 June.

12. On the day of the hearing, counsel for Mr. ET appeared and indicated that Mr. ET wished to oppose the application and wished the inquiry to be adjourned so he could file an affidavit. Counsel for the applicants objected to Mr. ET being heard, *inter alia* because there is no provision in the 1871 Act or the RSC providing for the making of an objection by a third party. It is true that Order 67, Rule 18 provides for a Notice of Objection to be filed exclusively by or on behalf of a respondent. However, simply because the RSC provide only for objection to be filed by or on behalf of a respondent, it does not in my view mean that no other party can object to an application to take a person into wardship. As to whether the Court will permit them to be heard in any given case will depend on the nature of the relationship between the objector and the respondent sought to be brought into wardship. In this case, I am satisfied that Mr. ET's objection should be heard and adjudicated upon, given that he is the son of the respondent and that he has been living with her since 2017.

13. The applicants also vigorously objected to the adjournment application in circumstances where Mr. BT had travelled from the U.S. to be present at the hearing and where the objection had only been identified on the eve of the hearing. It was indicated by counsel on behalf of Mr. ET that the failure to notify the objection in a timely basis had been because of Mr. ET's illness. No medical evidence was put before the Court in that respect. Counsel for the applicants pointed out that notice of these proceedings had been provided in February 2022 and the respondent had been medically examined to the knowledge of Mr. ET on two occasions, once in February and once in April.

14. Despite the lateness of the objection, I adjourned the inquiry hearing to 5 July 2022 to ensure that Mr. ET was properly heard. I directed that the medical visitor's report i.e. that of Dr. Sadlier, be provided to all parties in advance of the adjourned date.

Directions were given as to exchange of affidavits and written legal submissions if required.

15. Prior to the hearing, in accordance with the directions given on 21 June, written legal submissions were delivered by the applicants. No written submissions were provided on behalf of Mr. ET. Oral submissions were made by counsel for the applicants and counsel for Mr. ET at the hearing on 5 July.

Medical evidence

16. Dr. Sadlier indicates in his report of 4 March 2022 that he interviewed the respondent in her home in Dublin. He indicated that she was vague in relation to her autobiographical memory. He noted that she had significant short-term memory difficulties. On cognitive evaluation, he noted she repeated herself on a number of occasions and was unable to express why she had done so. He observed she was reluctant to engage in formal cognitive evaluation such as retention and repetition of words. He identified that he used the capacity standard outlined in s.3(2) in the Assisted Decision-Making (Capacity) Act 2015. She had impaired comprehension of complex information. She had significant deficits in respect of retention of information. He concluded due to lack of comprehension and ability to attain information she could not use new information to make decisions. He noted that although her speech was comprehensible, she repeated herself on occasion and at times her speech was non-narrative and fragmentary.

17. He concluded she was most likely suffering from a neurocognitive disorder i.e. dementia and the most likely diagnosis was of a mixed origin i.e. Alzheimer's and vascular. He concluded it was likely her condition would deteriorate over time. He characterised her cognitive impairment as moderate to severe grade.

18. He concluded that the respondent did not meet the capacity standard and was therefore of unsound mind and required the protection of the ward of court process.

19. Dr. Roche provided a report of 20 May 2022. He referred to the respondent's medical history, including her pacemaker, her attendance at Carew House, Medicine for the Elderly, St. Vincent's Hospital, and her history of cataracts. He noted that the respondent presented with clear evidence of severe cognitive impairment. She achieved a score of 5/30 on the Montréal Cognitive Assessment ("MOCA") in circumstances where a score of 26 to 30 is considered to be the normal range on the MOCA. He observed her language faculties were clearly impaired both in the expressive and receptive domain. She struggled to identify and recall identities. He noted she was unable to give him any indication as to her financial assets or how they are managed. He concluded that she presented with evidence of major neurocognitive disorder due to traumatic brain injury and this disorder had its onset in 2017 when she sustained the acquired brain injury ("ABI").

20. He said it was possible that she had developed co-morbid dementia. He concluded that she was of unsound mind and incapable of managing her affairs. He recommended she be re-referred to the medicine for the elderly team at St. Vincent's Hospital for further assessment, investigation, and management of her cognitive deficits. He also recommended that a cardiology review and appropriate ongoing monitoring of her pacemaker be organised without delay.

Evidence from family members

21. In her affidavit of 4 February 2022, Ms. CI gives a detailed account of events since the respondent was discharged from hospital and Mr. ET moved in. I summarise the evidence below, but I should emphasise that my summary does not refer to the totality of her evidence. She says that Mr. ET has often left the respondent alone, often

overnight. She notes that when she was able to visit in 2018, the respondent was generally unkempt, and that food was out of date. She says Mr. ET has taken total control of all aspects of the respondent's life and that he had changed the locks twice on the house. She says the respondent was prevented from seeing family members. Ms. CI avers that she has not been able to see her mother for 2 years.

22. She says that Mr. ET has disconnected the front doorbell and put tape over it. She says Mr. BT who arrived in September 2021 was not able to visit because nobody answered the door. She refers to a message she received from the next-door neighbour on 2 January 2022 who said that she had not seen the respondent since August 2021. There were carers visiting the house up to March 2019, but they stopped at the onset of Covid.
23. Ms. CI refers to contacting the HSE safeguarding team and that a team comprising a social worker, two public health nurses and a guard went to the house in January 2022. The team reported that the gates were locked with a chain, so it was necessary to climb over the gate. The team reported that the respondent was very confused and unclean, and the house was very unclean. An urgent appointment was arranged by the HSE in January 2022 for the respondent to be assessed by a public health nurse and an occupational therapist at her house so that a capacity assessment could be carried out. However, that appointment was cancelled by Mr. ET.
24. Ms. CI avers that important personal documents such as the respondent's passport, ATM card and bank statements had gone missing. She also says that a sum of €87,000 exited the respondent's bank account between February 2018 and May 2019 without explanation. Ms. CI was contacted by AIB on 27 January 2022 to say that the respondent's bank account had been frozen following contact by the social worker with AIB.

25. When the respondent was in hospital in 2017, it was agreed between all six siblings that the respondent would execute an EPA with both Ms. CI and Mr. ET named as attorneys. However, on 30 January 2018 Mr. ET brought the respondent to solicitors to execute an EPA, with Mr. ET named as the sole attorney. Because of failures of service a new EPA was executed on 17 October 2019. She also refers to Mr. ET being an unsuitable person to act as attorney, both because of the way the respondent has been treated and because of his involvement in various court proceedings, and a judgment against him for a very significant sum in excess of seven figures.

26. In his replying affidavit of 27 June 2022, Mr. ET refers to his mother executing an EPA in his favour on 17 October 2019 and says that she was capable of doing so and exhibits medical reports in this respect. There is a medical report by Dr. John Barry, consultant physician in geriatric medicine, Carew House, identifying that on 14 August 2019 she had capacity to make the decision to leave her house specifically to Mr. ET, her son, alone. There is another report of 11 September 2019 where Dr. Barry indicated it was his opinion that the respondent had capacity to execute an EPA.

27. On the other hand, Mr. ET also exhibits a report from Dr. McDermott, consultant surgeon at St. Vincent's Hospital, of 20 September 2018, who treated the respondent in St. Vincent's following her accident. He refers to the respondent's brain injury acquired in the accident in 2017, and notes that her cognitive function has severely deteriorated, she is no longer orientated in time nor place and is unable to live independently. He added that her cognitive function is likely to continue to deteriorate at an accelerated rate.

28. Mr. ET also exhibits a report from Mr. Young, consultant neurosurgeon at the National Neurosurgical Centre Beaumont of 23 January 2020 where he identified the respondent has an almost complete loss of short-term memory and that it is a significantly disabling

condition likely to be permanent. In addition, he considered there was mild to moderate confusion. He noted that her cognitive function was likely to deteriorate at a more rapid rate than would otherwise be expected.

29. Mr. ET refers to the agreement of his brother Mr. KT that he should become his mother's sole attorney. He says that the respondent indicated she did not want to go to a nursing home under any circumstances. He says the locks were changed in the house on the instructions of the respondent. He says he was from time to time required to leave the house and leave the respondent alone as he needed to go to the shops. He says that, in relation to the complaint of the neighbour who indicated she had not seen the respondent, that neighbour has a young daughter who was inclined to talk to his mother by coming close to the dividing fence in the garden. In the circumstances, he could not let the respondent go into the garden in case she contracted Covid. He says that it was not feasible to bring his mother to the GP because of Covid. He said he had to leave the house at times at night to visit his own daughter who has a severe medical condition.
30. He said the respondent advised that he was to take control of her financial affairs entirely and take such money as he required from time to time. He refers to his own ill-health and exhibits a report of Dr. BY, his GP, of 24 June 2022. In that report, it is stated that Mr. ET has prostate carcinoma and had an operation on 4 May 2022. It was stated that the recovery period of this procedure was normally two to three months.
31. Mr. ET says that he sought to register the EPA and exhibited a letter from Mr. PC, solicitor, of 21 June 2022 whereby a notice of intention to apply for registration of the EPA was sent to the Wards of Court Office. In that letter, it was noted that the donor was the subject of a ward of court application. In a response of 22 June 2022, the Wards of Court Office noted that the application for wardship was currently in progress and

that, as such, an application for the registration of an EPA could not be accepted until the matter of wardship had been dealt with by the High Court.

32. A replying affidavit was filed by Ms. CI on 30 June 2022 where she identifies, *inter alia*, that although in her original application she had asked to be the committee of the person and estate for the respondent along with her siblings Ms. DB and Mr. BT, she considered that it might be in the best interests of the respondent if the General Solicitor would act as committee of the person and the estate.

33. She refers to the medical evidence before the Court. She notes that the EPA does not extend to personal care decisions and only relates to the management of the respondent's property and financial affairs. She avers that even if it was valid, which is denied, it would be insufficient to meet the respondent's medical and welfare needs and that the High Court wardship jurisdiction needs to be engaged.

34. She repeats the contention that Mr. ET is not an appropriate person to act as attorney in respect of the respondent's financial affairs, noting that Mr. ET appears to have felt entitled to take a significant sum of money from the respondent's account despite a lack of any authority to do so. In relation to the reference to the respondent changing her will to leave the house to Mr. ET, she says this is the first time that any of the siblings have been made aware of this. She notes that Mr. ET never informed her of his own medical condition, or what arrangements were made to care for the respondent while he was in hospital or in recovery. She notes the last time her mother appears to have gone to a GP, apart from receiving the Covid vaccine, was in 2018.

35. She notes that, despite Mr. ET being aware that the respondent had significant cognitive impairment, for example from the report of 20 September 2018 of Dr. McDermott identified above, he failed to take any steps to register the EPA, or to have the

respondent treated or accessed. She again refers to her attempts to contact her mother over the last number of years.

Submissions

36. The applicants argued that the medical evidence was overwhelmingly clear that the respondent lacked capacity, and was of unsound mind and incapable of managing her affairs.
37. It was further submitted that the decision to admit the respondent to wardship was necessary and proportionate and therefore the discretion of the High Court should be exercised in favour of admission. It was argued the respondent requires the protection of the Court in wardship, so she can receive necessary medical treatment and her personal and financial affairs be managed for her in her best interests. Reference was made to the conclusion of Dr. Roche that a cardiology review and ongoing monitoring of the respondent's pacemaker be organised without delay, because it had not undergone its usual annual checks for a number of years. The applicants also identified that the respondent had not been brought to a GP for a check-up for several years. They note that the respondent's capacity to consent to medical treatment is questionable and it was likely consent would require to be given on her behalf. They observe there is no lawful proxy consent giver save the High Court exercising its wardship jurisdiction.
38. It was also identified that decisions need to be made in respect of her personal affairs given her ongoing cognitive decline and her limited ability to care for herself. Reference was made to the concerns expressed in respect of Mr. ET as averred to in Ms. CI's affidavits of 4 February and 30 June 2022. It was also noted that her financial affairs need to be managed as she was unable to give Dr. Roche any indication as to her financial assets and how they were managed.

39. In relation to the application for registration of the EPA made by Mr. ET, it is submitted that any decision on that application should be deferred until appropriate enquiries have been made by reference to s.10(2)(c) of the Powers of Attorney Act 1996 (the "1996 Act"). It is submitted that the provisions of s.10(6) of the 1996 Act do not apply on the instant facts.

40. The submissions of counsel for Mr. ET were as follows. First, he did not disagree with the medical evidence to the effect that the respondent lacked capacity and observes that there was little doubt that her cognitive abilities had declined. However, he submitted that wardship was too "*strong an arrangement*". He said his client had cared for the respondent for the last five years, that he was best placed to address her concerns, and that the existing arrangements could be modified if necessary. He said she had strong views about being cared for in an institution and wished to avoid that at all costs. He noted that wardship would be disproportionate. He argued that in making a decision on the application, the fact that she had executed an EPA and made arrangements in respect of her future incapacity should be taken into account. He indicated that the existence of the EPA dictated that I should lean against the making of an Order taking the respondent into wardship in the circumstances of this case.

Admission of respondent into wardship

41. The medical evidence before me i.e., the reports of Dr. Sadlier and Dr. Roche, is unambiguous. Both are of the view that, given the respondent's acquired brain injury and dementia, she lacks capacity and meets the statutory test, being of unsound mind and unable to manage her affairs. Mr. ET concurs in that view.

42. Given that state of affairs, I must consider whether I should exercise my discretion to bring the respondent into wardship. In that respect I must consider whether it is in her

best interests that I do so. Having regard to the evidence before me, I am quite satisfied that this is the case.

43. First, it is quite clear that the respondent's financial affairs are not being managed properly. Mr. ET has accepted that he is taking money from her account and has not made any efforts to account for same or explain how the money is being used. He has not provided any information at all as to her financial affairs.

44. Second, in relation to her personal circumstances, I am satisfied that the respondent has not been properly cared for by Mr. ET for the following reasons. Medically, there has been no attempt to obtain medical treatment in relation to her continuing cognitive decline and she has not been assessed for same. This is despite two medical reports of 2018 and 2020 exhibited by Mr. ET which identify serious concerns about her cognition and indicate that she is likely to deteriorate at a faster rate than normal. The respondent has not been brought to the GP for routine health check-ups and she has not had her pacemaker attended to at all. Appointments arranged by the HSE safeguarding team have not been kept.

45. It was necessary for a court Order to be obtained in order to have a medical visitor assess her. Despite Mr. ET's agreement through his solicitor that a doctor on behalf of the applicants be permitted to visit the respondent to examine her, Dr. Roche had to call to the house three times in order to carry out his assessment. Socially, she has not seen anyone except Mr. ET for over two years. She has been completely isolated from the rest of her children. She has not even been allowed out into the garden of her own house. The gate of the house is locked with a chain and is extremely difficult to access. The keys of the house have been changed twice. It appears that she must have been left on her own for significant periods of time while Mr. ET was obtaining medical treatment, despite the fact that she needs constant care due to her brain injury and dementia.

46. Third, she has not been able to see her other five adult children for over two years, despite some of those children having made strenuous efforts to remain in contact with her and to see her. Being isolated from five of her children and having exclusive contact with just one of them is not, in my view, in her best interests.

47. Finally, given the current medical condition of Mr. ET, it is clear that he cannot provide the type of ongoing 24-hour care that she requires. That situation must be addressed and alterations in the current arrangements will be required.

48. These issues can be addressed if an appropriate committee of the person and estate is appointed who can take the necessary steps in respect of the respondent subject to the usual supervision of the Court. I therefore have no hesitation in concluding that I should admit the respondent into wardship as same is necessary in order to protect her personal and financial interests.

Relevance of the EPA

49. Mr. ET has placed considerable emphasis upon the existence of the EPA as a reason to refuse to admit the respondent into wardship. I fully acknowledge that the EPA is a relevant consideration that I must consider. I note serious concerns have been raised by the applicants as to the validity of the creation of the EPA in 2019 and the appointment of Mr. ET as sole attorney. However, this is not an application to register the EPA and it would be inappropriate for me to consider its validity in the context of a wardship application. Therefore, for the purposes of this decision, I must treat the EPA as valid.

50. The EPA exhibited by Mr. ET is limited in nature. It appoints Mr. ET to act as the respondent's attorney for the purpose of Part II of the 1996 Act with general authority to act on her behalf in relation to all her property and affairs. It does not, for example, give the attorney the power to make any personal care decisions in respect of the respondent as defined in s.4 of the Act.

51. The 1996 Act acknowledges the interaction between wardship and an EPA at s.10(6) and s.12(4)(b) as follows, although neither provision directly applies to this case:

> "*Section 10(6): Where at the time of the application for registration there is in force under the Lunacy Regulation (Ireland) Act, 1871, an order appointing a committee of the estate of the donor but the power created by the instrument has not also been revoked, the court shall make such order as seems to it proper in the circumstances including, if appropriate, an order revoking the order already made under the said Act.*
>
> *…*
>
> *Section 12(4): The court may cancel the registration of an instrument in any of the following circumstances, that is to say—*
>
> *…*
>
> *(b) on giving a direction revoking the power on exercising any of its powers under the Lunacy Regulation (Ireland) Act, 1871"*

52. Those sections make clear that the Court has considerable discretion in relation to the interaction between the two regimes. Under s.10(6) if a person has been admitted into wardship and an application is made to register the EPA, the Court may, if it considers appropriate, discharge the wardship Order. Conversely, if an EPA has been registered, the Court may cancel that registration under s.12(4)(b) where an Order is made under the 1871 Act. Neither section suggests that in a situation such as the present, where an application for wardship is made prior to the registration of an extant EPA, I am precluded from making an Order taking the respondent into wardship, or should lean against making such an Order. No case law in that respect – or indeed any case law on the subject - has been identified by counsel for Mr. ET.

53. As noted above, I am only concerned here with the application to admit the respondent into wardship and am not adjudicating on any application to register the EPA. Once a wardship Order is made, Mr. ET is entitled to go ahead with his application to register the EPA, although given the limited nature of the EPA and the extensive concerns in relation to the personal care of the respondent, it seems to me that wardship is significantly more suited to meeting the needs of the respondent than the EPA.

54. I did give consideration as to whether I should adjourn this application in order to let the application to register the EPA go ahead, although no application in that respect was made by counsel for Mr. ET. However, I am satisfied that would not be appropriate. First, Mr. ET had medical evidence as far back as September 2018 from Mr. McDermott that the respondent's cognitive function had severely deteriorated. He had similar evidence in 2020 from Mr. Young. Yet no application was made to register the EPA until the very eve of this wardship application. It is hard to avoid the conclusion that the application was made primarily to avoid the respondent being taken into wardship. Second, I am faced with a situation of considerable urgency, given that the respondent is an 89-year-old woman with severely impaired capacity due to a brain injury and dementia, whom I have concluded is being inadequately cared for and isolated from her family members. Third, as I identify above, the ambit of the EPA is considerably more limited than the wardship jurisdiction and it would not be appropriate to deny the respondent the protection that wardship will afford her in this case to allow an application to go ahead that, even if successful, would not address all the concerns about her welfare identified above.

Identity of the committee

55. Despite my conclusion that it is appropriate to go ahead with the wardship application notwithstanding the existence of the EPA, I have sought to take into consideration the

wishes of the respondent by considering whether, given her identification of Mr. ET as sole attorney, I should appoint him as the committee of the person and the estate, despite the fact that he has not sought to be appointed as committee.

56. However, I am satisfied that he is an unsuitable person to be so appointed for the following reasons. First, as identified above, I consider there are very serious deficits in respect of the care of his mother in relation to her person and her estate. Second, where there is conflict between family members, as there is here, then the normal presumption that the committee should be a family member is displaced. If I were to appoint Mr. ET as committee, there is no reason to suppose the conflict would end. It is highly likely that his siblings would continue being prevented from seeing the respondent. Conflict in relation to her care would continue and decisions would be delayed or not made at all due to that conflict.

57. On the other hand, by appointing the General Solicitor as committee, I can ensure the respondent has access to all her children and can receive their care and companionship at this advanced stage of her life. In the circumstances it seems to me that the appropriate Order is to appoint the General Solicitor as committee, and in that way ensure that the respondent's best interests are protected.

58. I should emphasise that the decision to admit the respondent into wardship and appoint a committee is not a decision as to the appropriate steps to be taken in relation to the respondent. The committee will now be required to assess the situation of the respondent in relation to her person and estate in the usual manner and where decisions are proposed for which the consent of the Court is required – for example, where the respondent should live – an application based on evidence will come before the Court in the usual way.

Conclusion

59. For the reasons set out above, I am admitting the respondent into wardship and appointing the General Solicitor as the committee of the person and of the estate. I will give the committee 14 weeks to provide a statement of facts to the Wards Office. The matter is to be listed **remotely** on **20 July** at 10.30 a.m. for any costs applications and the parties have liberty to apply in relation to the date if necessary.

[An order was made under section 27(1) of the Civil Law (Miscellaneous Provisions) Act 2008 prohibiting the publication or broadcast of any matter relating to the proceedings which would or would be likely to identify the relevant person as a person having a medical condition. This judgment has been redacted in those circumstances].