|  |  |
| --- | --- |
| **STRICTLY PRIVATE & CONFIDENTIAL**  <<NAME>>  <<ADDRESS>>  <<ADDRESS>>  <<ADDRESS>>  <<ADDRESS>>  <<ADDRESS>> | <<ADDRESS>>    Tel: <<TELEPHONE NO>>  Ask for: <<NAME OF APPLICANT/PRACTIONER>>  Email: <<EMAIL>>    <<DATE>> |
|  |  |

Dear <<NAME>>

**RE <<NAME OF Person>> <<DOB>> Update required to the COP witness statement (COP24 form)**

Thank you for agreeing to act as Rule 1.2 representative for your <<RELATIVE/FRIEND>> and completing the COP witness statement (COP24 form). As you may be aware there has been significant changes to <<NAME OF PERSON’S>> circumstances. I would therefore ask you to kindly update the COP24 and I have enclosed a copy of the updated care and support plan for your information.

If you have any queries about completing the statement, please contact <<NAME OF APPLICANT/PRACTITIONER>> on the contact details above.

Yours sincerely

<<NAME>>

<<JOB ROLE>>

Enc The COP witness statement (COP24 form) - completed by KCC

The COP witness statement (COP24 form) - blank form

The updated care and support plan