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| --- | --- |
| **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