PA8A – Application to stop a grant of representation

If you need help filling out this form please call the

Probate Helpline
0300 303 0648

We cannot provide legal advice

Use this form to apply to stop an application for a grant of representation for up to 6 months. This is also known as 'entering a caveat'.

You may want to stop an application when:

- you think the person who made the will was being influenced by someone else or was not able to make their own decisions
- you think someone interfered with the will or forged it
- there is a more recent will
- the will was not properly signed and witnessed
- the person applying for probate refuses to share a copy of the will with you
- you are in dispute with the person applying or you think they are not suitable to carry out the instructions in the will
- you think the person applying is not eligible to apply if there is no will (see who inherits if there is no will)
- you are entitled to apply but have not been included in the application
- the person who died got married or entered into a civil partnership after the will was signed

These are the most common reasons, but there may be others too.

You should always try to come to an agreement with the person applying for probate before you stop their application.

You may want to talk to a solicitor or contact Citizens Advice for legal advice.

You may have to pay legal costs if you stop an application without a good reason.

Once your application is received, it takes one working day to stop applications in progress.

If an application is approved on the same day you make the request, it will not be stopped. But you will stop any future applications for probate made on the estate for 6 months.

You will need:

- an address in England or Wales where legal papers can be sent to you
- the full name of the person who died (and any other names they were known by)
- the exact date they died

Fees

It costs £3 to stop an application for 6 months.

You will need to apply again if you want to stop the application for a further 6 months.

Make your cheque/Postal Order payable to 'HMCTS'.

What happens next

We'll send you a notification to confirm we've received your application to stop a grant of probate.

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1. What is your full name?

Title

First name(s)

Middle name(s)

Last name

2. What is your email? (if you have one)

Note 2 – we will contact you with any queries via this email address.

3. Your address

Building and street

Second line of address

Town or city

County (optional)

Postcode

4. What is the full name of the person who has died?

Title

First name(s)

Middle name(s)

Last name

5. What date did they die?

6. Do you know the date of birth of the person who has died?

☐ Yes, **their date of birth is**

☐ No

7. Was the person who died known by any other names?

☐ Yes, please give details in the box below

☐ No

☐ Don't know

8. What was the permanent address of the person who died?

Building and street

Second line of address

Town or city

County (optional)

Postcode

9. Signature

Day

Month

Year

Please send your completed form and payment to:

HMCTS Probate
PO BOX 12625
Harlow
CM20 9QE

Phone 0300 303 0648
Email contactprobate@justice.gov.uk

Equality and diversity questions (optional)

- **These are optional questions about you**
- **Your answers will not affect your case**
- **We will not share your answers with anyone involved in your case**

Your answers will help us check we are treating people fairly and equally.

These questions should be answered by one executor.

If you are a legal professional completing the form on behalf of an executor don't answer the questions.

How to complete these questions

1. Answer the questions on the next four pages. You can always choose 'prefer not to say' or leave them blank.
2. Send one copy of the completed questionnaire with your application to:

   HMCTS Probate

   PO BOX 12625

   Harlow

   CM20 9QE

Equality and diversity questions

1. What is your main language?

- ☐ English or Welsh, **go to question 3**
- ☐ Other, give details (including British sign language)
- ☐ Prefer not to say, **go to question 3**

2. If you have answered 'Other' in question 1, how well can you speak English?

- ☐ Very well
- ☐ Well
- ☐ Not well
- ☐ Not at all
- ☐ Prefer not to say

3. What is your religion?

- ☐ No religion
- ☐ Christian (all denominations)
- ☐ Buddhist
- ☐ Hindu
- ☐ Jewish
- ☐ Muslim
- ☐ Sikh
- ☐ Any other religion, please describe
- ☐ Prefer not to say

4. What is your date of birth?

Day	Month	Year

- ☐ Prefer not to say

5. What is your ethnic group?

☐ Prefer not to say

White

☐ English, Welsh, Scottish, Northern Irish or British

☐ Irish

☐ Gypsy or Irish Traveller

☐ Any other White background, please describe

Mixed/Multiple ethnic groups

☐ White and Black Caribbean

☐ White and Black African

☐ White and Asian

☐ Any other Mixed/Multiple ethnic background, please describe

Asian/Asian British

☐ Indian

☐ Pakistani

☐ Bangladeshi

☐ Chinese

☐ Any other Asian background, please describe

Black/African/Caribbean/Black British

☐ African

☐ Caribbean

☐ Any other Black/African/Caribbean background, please describe

Other ethnic group

☐ Arab

☐ Any other ethnic group, please describe

6. Do you have any physical or mental health conditions or illnesses lasting or expected to last 12 months or more?

- ☐ Yes, **go to question 7**
- ☐ No, **go to question 9**
- ☐ Prefer not to say, **go to question 9**

7. If Yes, do any of your conditions or illnesses reduce your ability to carry out day-to-day activities?

- ☐ Yes, a little, **go to question 8**
- ☐ Yes, a lot, **go to question 8**
- ☐ Not at all, **go to question 9**
- ☐ Prefer not to say, **go to question 9**

8. Do any of these conditions or illnesses affect you in any of the following areas?

Tick all options that apply

- ☐ **Vision** – for example blindness or partial sight
- ☐ **Hearing** – for example deafness or partial hearing
- ☐ **Mobility** – for example walking short distances or climbing stairs
- ☐ **Dexterity** – for example lifting and carrying objects, using a keyboard
- ☐ **Learning or understanding or concentrating**
- ☐ **Memory**
- ☐ **Mental health**
- ☐ **Stamina or breathing or fatigue**
- ☐ **Socially or behaviourally** – for example associated with autism, attention deficit disorder or Asperger's syndrome
- ☐ **Other**, please specify

  [ ]

- ☐ **None of the above**

9. Are you currently pregnant or have you been pregnant in the last year?

- ☐ Yes
- ☐ No
- ☐ Prefer not to say

10. Which of the following options best describes how you think of yourself?

- ☐ Heterosexual or Straight
- ☐ Gay or Lesbian
- ☐ Bisexual
- ☐ Other, please describe

  _____

- ☐ Prefer not to say

11. What is your sex?

- ☐ Male
- ☐ Female
- ☐ Prefer not to say

12. Is your gender the same as the sex you were registered at birth?

- ☐ Yes
- ☐ No, my gender is

  _____

- ☐ Prefer not to say

13. Are you married or in a legally registered civil partnership?

- ☐ Yes
- ☐ No
- ☐ Prefer not to say

Thank you for answering these questions

Send this questionnaire back with your completed application

Privacy notice

By submitting your answers, you agree that we can collect your information. We'll use it to help us meet our commitment to equality under the Equality Act 2010. You can withdraw your consent or change your answers at any time, see information below in our privacy notice.

For details of the standards we follow when processing your data, please visit the following address https://equality-and-diversity.platform.hmcts.net/privacy-policy

To receive a paper copy of this notice, please call 0300 303 0648

Alternative formats

If you need this form in an alternative format, for example in large print, call 0300 303 0648