

CASE  
NUMBER

Mental Capacity Act 2005

DEPRIVATION OF LIBERTY FORM No. 2

## REQUEST FOR EXTENSION OF URGENT AUTHORISATION

**Important note: it is essential that you make any necessary request for an extension promptly. You can request an extension by completing this form, or orally (e.g. by telephone) or in some other way (e.g. by email or fax). In all cases, you must give the person being deprived of their liberty, and any section 39A IMCA acting for them, notice in writing that you have made the request.**

### PART A — BASIC INFORMATION

Full name of the person being deprived of their liberty	Name	
Their date of birth (or estimated age if unknown)	DOB	<input type="text" value="d"/> <input type="text" value="d"/> <input type="text" value="m"/> <input type="text" value="m"/> <input type="text" value="y"/> <input type="text" value="y"/> <input type="text" value="y"/> <input type="text" value="y"/>
	Est. age	<input type="text"/> Years
Name and address of the hospital or care home where the person is being deprived of their liberty	Name	
	Address	
Person to contact at the hospital or care home	Name	
	Telephone	
	Email	
Name and address of the person registered, or required to be registered, under Chapter 2 of Part 1 of the Health and Social Care Act 2008 in respect of the provision of residential accommodation, together with nursing or personal care, in the care home and in relation to an independent hospital, the person registered, or required to be registered, under Chapter 2 of Part 1 of the Health and Social Care Act 2008 in respect of regulated activities (within the meaning of that Part) carried on in the hospital, or the NHS Trust that manages the hospital	Name	
	Address	
Name of the PCT or local authority to whom this form is being sent ('the supervisory body')	Name	

### PART B — THE REQUEST FOR AN EXTENSION

A standard authorisation has been requested for this person.

An urgent authorisation is in force. This existing urgent authorisation expires

at the end of the day on:

**Enter above the date on which the urgent authorisation is due to expire** ↑

The managing authority now requests that the duration of this urgent authorisation is extended

for a further period of:

DAYS

**Enter the number of days in the box. The maximum is seven days** ↑

The managing authority has been in contact with the supervisory body and understands that there are exceptional reasons why the request for a standard authorisation is unlikely to be disposed of within the timescale of the existing urgent authorisation.

It is essential for the existing deprivation of liberty to continue until the request for a standard authorisation is disposed of.

### **PART C — REASONS FOR THE REQUEST**

**Complete BOTH C1 AND C2.**

**C1**

The exceptional reasons why it has not yet been possible to make a decision on our request for a standard authorisation are that:

**C2**

It is essential that the person continues to be deprived of liberty because:

### **PART D — PROVIDING NOTICE OF THE REQUEST**

The managing authority has either given the person who is being deprived of their liberty, and any section 39A IMCA acting for them, notice that they have made this request or will now do so as soon as is practicable.

Signed

(on behalf of the managing authority)

Signature

Print name

Position

Dated

Date