

CASE
NUMBER

Mental Capacity Act 2005

DEPRIVATION OF LIBERTY FORM No. 13

SUPERVISORY BODY'S DECISION

STANDARD AUTHORISATION NOT GRANTED

The following request for a standard authorisation has been refused

PART A — BASIC INFORMATION

Full name of the person being assessed	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		Years
Name and address of the relevant hospital or care home	Name		
	Address		
Name and address of the supervisory body	Name		
	Address		
Person to contact at the supervisory body	Name		
	Telephone		
	Email		
<p>The present address of the person being assessed</p> <p>(If, for example, the person is currently living at home and has not yet been admitted to the hospital or care home, this will be their home address. If they are currently living at a different hospital or care home, this will be the hospital or care home where they are at present.)</p>	As above (already living at the relevant hospital or care home)		<input type="checkbox"/>
	At a different address which is that given immediately below:		<input type="checkbox"/>
	Address		

PART B — THE SUPERVISORY BODY’S DECISION

A request for a standard authorisation was made by the relevant managing authority.

Enter the date below ↓

This request was received on:

d	d	m	m	y	y	y	y
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The supervisory body is prohibited from giving a standard authorisation in relation to that request.

This is because the person was assessed not to meet the following qualifying requirement(s) for being deprived of their liberty under the Mental Capacity Act 2005:

Note that there may be no completed assessment of some of the requirements. This is because when a person fails one requirement, a standard authorisation may not be given and all other on-going assessments must stop.

Place ONE cross in ONE column of each row (B1, B2, B3, B4, B5, B6) ↓

	REQUIREMENT	MET	NOT MET	NOT ASSESSED
B1	Age requirement			
B2	Mental health requirement			
B3	Mental capacity requirement			
B4	No refusals requirement			
B5	Eligibility requirement			
B6	Best interests requirement			

PART C — REASONS WHY THE PERSON FAILED ONE OR MORE REQUIREMENTS

The reasons why the person failed the requirement(s) specified above are as follows:

PART D — WHETHER THERE APPEARS TO BE AN UNAUTHORISED DEPRIVATION OF LIBERTY

Place a cross in either box D1 or D2 below ↓

D1	The best interests assessment report included a statement that it appeared to the assessor that this person is, or is likely to be, subject to an unauthorised deprivation of liberty	<input type="checkbox"/>
D2	The best interests assessment report included a statement that it appeared to the assessor that this person is not, or is not likely to be, subject to an unauthorised deprivation of liberty	<input type="checkbox"/>

PART E — PROVIDING COPIES OF THIS DECISION

As soon as practicable, the supervisory body must give a copy of this decision notice to the following:

- (a) the managing authority of the hospital or care home
- (b) the person in respect of whom the deprivation of liberty authorisation was requested
- (c) any IMCA instructed for the person under section 39A of the Mental Capacity Act 2005 in relation to the request for a standard authorisation
- (d) every person named by the best interests assessor in their report as an interested person whom they have consulted in carrying out their assessment.

This form is also your notice that any urgent authorisation previously in force now ceases to have effect. As a result, there is now no authority to deprive this person of their liberty under the Mental Capacity Act 2005.

PART F — PROVIDING COPIES OF THE ASSESSMENTS

Copies of all the assessments in relation to the above person have been attached to this decision notice. They will be sent as soon as practicable to all of the persons listed in paragraphs (a) to (c) of Part E above. Unless they also fall within paragraphs (a) to (c) of Part E above, interested persons consulted by the best interests assessor are entitled to receive a copy of this notice but not copies of the assessments.

Signed (on behalf of the supervisory body)	Signature	
	Print name	
	Position	
Dated	Date	

NOTE TO THE MANAGING AUTHORITY OF THE HOSPITAL OR CARE HOME

Because your request has been refused on this occasion, you are not required to make a new request for a standard authorisation unless it appears to you that there is a change in the person's circumstances as a result of which the supervisory body is likely to give a standard authorisation.