

CASE
NUMBER

Mental Capacity Act 2005

DEPRIVATION OF LIBERTY FORM No. 20

NOTICE THAT A REVIEW IS TO BE CARRIED OUT

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 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	

PART B — GIVING NOTICE OF THE REQUEST AND REVIEW

Place a cross in EITHER box B1 OR box B2 ↓

B1	The supervisory body has itself decided to carry out a review of the standard authorisation that relates to the person.	<input type="checkbox"/>
B2	The supervisory body has received a request to carry out a review of the standard authorisation that relates to the person.	<input type="checkbox"/>

If a request for a review has been received (B2), now also complete B3 and B4 by placing crosses in the relevant boxes.

B3	The review was requested by:	The person who is the subject of the standard authorisation	<input type="checkbox"/>
		Their representative	<input type="checkbox"/>
		The managing authority	<input type="checkbox"/>
B4	The standard authorisation is presently suspended and therefore no review can be requested or carried out while that remains the case.		<input type="checkbox"/>
	This standard authorisation is not presently suspended.		<input type="checkbox"/>

Note: no review may be requested while a standard authorisation is suspended. If a review has already been requested, or is being carried out, no steps may be taken in connection with that review while the authorisation remains suspended.

If you have received a copy of this notice, it is because the supervisory body is required to give notice of the review to the following persons:

- (a) the person who is the subject of the standard authorisation
- (b) the person's representative
- (c) the managing authority of the hospital or care home.

This notice must be given before the review starts or, if that is not practicable, as soon as practicable after it has begun.

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