

CASE
NUMBER

Mental Capacity Act 2005

DEPRIVATION OF LIBERTY FORM No. 26

NOTICE OF THE PENDING TERMINATION OF YOUR APPOINTMENT AS A REPRESENTATIVE

The representative's appointment expires when the standard authorisation comes to an end. The selection and appointment process must be done afresh if a further standard authorisation is required because the existing one is coming to an end. The same representative may be appointed again where appropriate.

The representative's appointment may also be terminated in certain other circumstances as specified in Part B of this form.

PART A — BASIC INFORMATION

Name and address of representative previously appointed for the person	Name	
	Address	
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	
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 — PENDING TERMINATION OF YOUR APPOINTMENT

Your appointment as the person’s representative is to terminate on the date shown below because:

Place a cross in the relevant box below (B1–B6) ↓

B1	The standard authorisation will expire on that date.	<input type="checkbox"/>
B2	The person selected you to be their representative and they have informed the supervisory body that they now object to you continuing to be their representative.	<input type="checkbox"/>
B3	A donee of a lasting power of attorney or deputy appointed by the Court of Protection who selected you has now informed the supervisory body that they now object to you continuing to be the person’s representative.	<input type="checkbox"/>
B4	The supervisory body is satisfied that you are not maintaining sufficient contact with the person in order to support and represent them.	<input type="checkbox"/>
B5	The supervisory body is satisfied that you are not acting in the best interests of the person.	<input type="checkbox"/>
B6	The supervisory body is satisfied that you are no longer eligible, or were not eligible at the time of appointment, to be a representative.	<input type="checkbox"/>

PART C — DATE ON WHICH YOUR APPOINTMENT TERMINATES

Your appointment will terminate at the end of the day on:

d	d	m	m	y	y	y	y
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Enter date above ↑

If you wish to make any representations as to why your appointment should not terminate on this date then please make them to the supervisory body before then.

PART D — THE SUPERVISORY BODY’S REASONS

If your appointment is to be terminated on ground B4, B5 or B6 above, the supervisory body’s reasons for deciding that the particular ground applies are as follows:

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