

CASE
NUMBER

Mental Capacity Act 2005

DEPRIVATION OF LIBERTY FORM No. 27

TERMINATION OF A REPRESENTATIVE'S APPOINTMENT

The representative's appointment expires when the standard authorisation comes to an end. Therefore, 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 representative's appointment may also sometimes terminate before a standard authorisation expires. Where that happens, the supervisory body must appoint a replacement as soon as is practicable after it is aware that a vacancy has arisen or will arise.

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 — TERMINATION OF THE REPRESENTATIVE’S APPOINTMENT

The above representative’s appointment has come to an end.

PART C — NOTICE OF THE TERMINATION

If you have received a copy of this notice, it is because the supervisory body is required to send copies of the termination of a representative’s appointment to:

- (a) the person who is/was the subject of the deprivation of liberty authorisation
- (b) the managing authority
- (c) any donee of a lasting power of attorney or deputy appointed by the Court of Protection for the person in (a)
- (d) any independent mental capacity advocate instructed under the Mental Capacity Act 2005 and involved in the relevant person’s case; and
- (e) every interested person named by the best interests assessor in their report as somebody they have consulted in carrying out their assessment.

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