

CASE
NUMBER

Mental Capacity Act 2005

DEPRIVATION OF LIBERTY FORM No. 31

IMCA REPORT FORM - CONTINUATION SHEET NUMBER

PART A — BASIC INFORMATION

Full name of the person being deprived of, or being assessed to be deprived of, their liberty	Name	
Name and address of the hospital or care home where the person is being deprived of, or being assessed to be deprived of, their liberty	Name	
	Address	
	Telephone	
	Email	
Name and address of the managing authority responsible for the hospital or care home	Name	
	Address	
Name of the supervisory body instructing the IMCA	Name	
Name and address of IMCA providing this report	Name	
	Address	
	Telephone	
	Email	
Name of IMCA service provider		

PART B - TYPE OF IMCA INSTRUCTION

Place a cross in ONE box as appropriate ↓

B1	39 A – an urgent deprivation of liberty authorisation has been given, or a request for a standard deprivation of liberty authorisation has been made, in respect of a person and the managing authority of the relevant hospital or care home is satisfied that there is nobody, other than people engaged in providing care or treatment for the person in a professional capacity or for remuneration, whom it would be appropriate to consult in determining what would be in the person’s best interests.	<input type="checkbox"/>
B2	39 A – a supervisory body has appointed an assessor to determine whether or not there is an unauthorised deprivation of liberty in respect of a person and the managing authority of the relevant hospital or care home is satisfied that there is nobody, other than people engaged in providing care or treatment for the person in a professional capacity or for remuneration, whom it would be appropriate to consult in determining what would be in the person’s best interests.	<input type="checkbox"/>
B3	39 C – a person deprived of their liberty is without a relevant person’s representative.	<input type="checkbox"/>
B4	39 D – a person deprived of their liberty who has an unpaid relevant person’s representative has requested the support of an advocate.	<input type="checkbox"/>
B5	39D – an unpaid relevant person’s representative of a person deprived of their liberty has requested the support of an advocate.	<input type="checkbox"/>
B6	39 D – the supervisory body believes that the person deprived of their liberty will benefit from the support of an advocate.	<input type="checkbox"/>
B7	39 D - the supervisory body believes that the unpaid relevant person’s representative will benefit from the support of an advocate.	<input type="checkbox"/>
B8	39 D - the supervisory body believes that the person deprived of their liberty and their unpaid relevant person’s representative will both benefit from the support of an advocate.	<input type="checkbox"/>

PART C

ANY INFORMATION OR SUBMISSION THAT THE IMCA WOULD LIKE TO BRING TO THE ATTENTION OF THE SUPERVISORY BODY

Please continue overleaf

Please use another continuation sheet as required

PART D

ANY OTHER ACTION THAT THE IMCA IS PLANNING TO TAKE

Please use another continuation sheet as required

Signed	Signature	
Dated	Date	