

**Deprivation of liberty**  
**Certificate of service/  
non-service**  
**Certificate of notification/  
non-notification**

Case no.	
Name of applicant	
Name of respondent	
Filed by	
Date	

**This form should only be used for applications to vary or terminate a standard or urgent authorisation made by a supervisory body under Schedule A1 of the Mental Capacity Act 2005.**

Full name of person to whom the application relates  
(this is the person who is deprived/will be deprived of their liberty)

**Section 1 – Details of the person served/notified**

1.1 Name of the person(s) served/notified:

Name	Date served/notified
<div style="border: 1px solid black; height: 25px;"></div>	<div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div> / <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div> / <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div>

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**Section 2 – Document served**

2.1 Title or description of the document (tick only **one** box)

application form

other (please give details)

### Section 3 – Person(s) not served or notified

3.1 Name of the person(s) who have not been served/notified:

Name

Reason

Name

Reason

Name

Reason

Name

Reason

### Section 4 – Statement of truth

The statement of truth must be signed by the person who served/provided notification.

I believe that the facts stated in this certificate are true.

Signed

Date

Name

Name  
of firm

Position or  
office held