

**Deprivation of liberty
Acknowledgment of
service/notification**

Case no.	
Name of applicant	
Name of respondent	
Name of party acknowledging	
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 name of the person who is deprived/will be deprived of their liberty)

Section 1 - The person served/notified

1.1 Your details Mr. Mrs. Miss Ms. Other _____

First name

Last name

1.2 Address
(including
postcode)

Telephone no.

E-mail address

1.3 Is a solicitor representing you?

Yes

No

If Yes, please give the solicitor's details.

Name

Address
(including
postcode)

Telephone no.

Fax no.

DX no.

E-mail address

1.4 Which address should official documentation be sent to?

- Your address
- Solicitor's address
- Other address (please provide details)

Section 2 – Attending court hearings

2.1 If the court requires you to attend a hearing do you need any special assistance or facilities? Yes No

If Yes, please say what your requirements are. If necessary, court staff may contact you about your requirements.

Section 3 – Signature

Signed Date served/ notified //

Person served/notified ('s solicitor) ('s litigation friend)

Name

Name of firm Position or office held

Section 4 – Supervisory Body or Managing Authority only

4.1 I am serving and filing the following documents:

1.
2.
3.
4.

Signed Date //