

Referral to First-tier Tribunal (Mental Health)

Mental Health Act 1983 (as amended)

The Tribunal Procedure (First-tier Tribunal) (HESC) Rules 2008

Do not use this form for applications by or on behalf of patients, use forms T110 or T116.

1. What type of referral are you applying for?

A. Hospital managers referral for an inpatient

- 6 months
 3 years
 Community Treatment Order (CTO) revoked

B. Other referral

Specify applicable section of the Act

C. Referral by Hospital Managers in relation to a Community patient

- 6 months
 3 years

D. Referral by Secretary of State

Non-Restricted patient

E. Referral by Hospital Managers in relation to patient transferred from Guardianship to hospital

- Yes
 No

2. What is the patient's full name?

3. What is the patient's date of birth?

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4. What is the date of the original Section?

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5. If applicable, what is the date the CTO revoked?

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6. Where does the patient currently live?

in hospital

in the community

7. What is the name and address of Hospital responsible for care of the patient?

Name of Hospital

Address

Postcode

8. What is the patient's full address?

Address

Postcode

9. What is the full name and address of the Community Supervisor or Care Coordinator?

Name of Community Supervisor or Care Coordinator

Address

Postcode

Nearest relative details – Non-restricted cases only

10. Full name of nearest relative?

11. Full address of nearest relative?

Address

Postcode

12. What is the relationship to the patient?

13. Does the patient object to the nearest relative being informed about the case?

Yes

No

Legal representative's details

14. Do you have a legal representative acting for you?

Yes – **complete questions 15 – 17**

No – **go to question 18**

I intend to appoint a solicitor

I would like a solicitor to be appointed on my behalf

I do not wish to appoint a representative

15. What is the legal representative's name?

16. What is the name and address of the legal representative's firm?

Name of legal representative's firm

Address

Postcode

17. What is the legal representative's secure email address?

Special requirements

18. Do you require an interpreter?

Yes – I need an interpreter for

language

dialect

No

Declaration

19. This is

a Section 68 referral by Hospital Managers and conforms to the statutory time limits

Or

a referral by the Secretary of State

Signature

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Date

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Print name

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What to do when you have completed your referral

- Check the form is complete and the information given is correct
- If you are unsure, you can contact our Customer Support team on 0300 123 2201
- Only information given on this form will be registered.

Where to send your completed referral

By Email

Section 2 Application to:

mhtsection2applications@justice.gov.uk

All other applications to:

mhtapplications@justice.gov.uk

By Post

You can post all applications to

send by DX to:

HM Courts & Tribunals Service,
First-tier Tribunal (Mental Health)
DX: 743090 Leicester 35

Or send by first class post to:

HM Courts & Tribunals Service
First-tier Tribunal (Mental Health)
PO Box 8793
5th Floor
Leicester
LE1 8BN

Please do not submit the form more than once.