Court of Protection

Deprivation of liberty

Declaration of exceptional urgency

Case no.	
Date of application	
Date of issue	

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)

Date of urgent/
standard authorisation ☐☐/☐☐/☐☐☐☐   Date of effective detention ☐☐/☐☐/☐☐☐☐

Section 1 - Reasons for urgency

1.1   Please give reasons for the urgency

1.2   Please state what interim relief is sought and why?

Signed _____   Dated ☐☐/☐☐/☐☐☐☐

Section 2 - Proposed timetable

2.1   Please tick the boxes that apply

☐ The application for interim relief should be considered within   ☐ hours ☐ days

☐ Abridgement of time is sought for the lodging of acknowledgments of service

Section 3 – Service

3.1   On whom have you served a copy of this form?

Relevant person

Date served

☐ / ☐ / ☐

☐ by fax machine

Fax no.

Time sent

☐ by handing it to or leaving it with

Name

☐ by e-mail (please give address below)

Managing Authority

Date served

☐ / ☐ / ☐

☐ by fax machine

Fax no.

Time sent

☐ by handing it to or leaving it with

Name

☐ by e-mail (please give address below)

Supervisory Body

Date served

☐ / ☐ / ☐

☐ by fax machine

Fax no.

Time sent

☐ by handing it to or leaving it with

Name

☐ by e-mail (please give address below)

IMCA

Date served

☐ / ☐ / ☐

☐ by fax machine

Fax no.

Time sent

☐ by handing it to or leaving it with

Name

☐ by e-mail (please give address below)

Relevant persons representative

Date served

☐ / ☐ / ☐

☐ by fax machine

Fax no.

Time sent

☐ by handing it to or leaving it with

Name

☐ by e-mail (please give address below)

Interested parties

Date served

☐ / ☐ / ☐

☐ by fax machine

Fax no.

Time sent

☐ by handing it to or leaving it with

Name

☐ by e-mail (please give address below)