

# Deprivation of liberty

## Application form

For urgent consideration

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 including their date of birth  
(this is the name of the person who lacks, or is alleged to lack, capacity)

Date of birth / /

Date of urgent/  
standard authorisation / /

Date of effective detention / /

### Section 1 – Contact details

#### Applicant

Name

Address  Telephone no.   
Mobile no.

Postcode

Email

What is the applicant's relationship to the relevant person? (This is the person that the application is about)

#### Applicant's solicitor or representatives

Name

Address  Telephone no.   
Mobile no.   
Fax no.

Postcode

Email

**Relevant person's details if not applicant**

Name

Address

Telephone no.

Mobile no.

Fax no.

Postcode

Email

**Supervisory body PCT/LA**

Name

Address

Telephone no.

Mobile no.

Fax no.

Postcode

Email

**Managing Authority/Hospital/Care Home**

Name

Address

Telephone no.

Mobile no.

Fax no.

Postcode

Email

**IMCA**

Name

Address  Telephone no.

Mobile no.

Fax no.

Postcode

Email

**Relevant person's representative**

Name

Address  Telephone no.

Mobile no.

Fax no.

Postcode

Email

## Section 2 – Details of other interested parties

Name	<input type="text"/>		
Address	<input type="text"/>	Telephone no.	<input type="text"/>
		Fax no.	<input type="text"/>
		DX no.	<input type="text"/>
Postcode	<input type="text"/>	<input type="text"/>	
Email	<input type="text"/>		
Name	<input type="text"/>		
Address	<input type="text"/>	Telephone no.	<input type="text"/>
		Fax no.	<input type="text"/>
		DX no.	<input type="text"/>
Postcode	<input type="text"/>	<input type="text"/>	
Email	<input type="text"/>		

## Section 3 – Details of issue to be challenged

3.1 Date of decision //

3.2 Where an **urgent** authorisation has been given, the court may determine any question relating to any of the following matters:

- whether the urgent authorisation should have been given
- the period during which the urgent authorisation is to be in force
- the purpose for which the urgent authorisation is given
- other

3.3 Where a **standard** authorisation has been given, the court may determine any question relating to any of the following matters:

- whether the relevant person meets one or more of the qualifying requirements
- the period during which the standard authorisation is to be in force
- the purpose for which the standard authorisation is given
- the conditions subject to which the standard authorisation is given
- other

3.4 Other issues that may arise

Are you making an interim application?  Yes  No

Do you intend to bring other applications if this application succeeds in whole or in part?  Yes  No

Do you intend to bring other applications if this application fails?  Yes  No

#### **Section 4 – Detailed statement of grounds**

Set out below  Attached

## Section 5 – Other issues of the case

- 5.1 Are there other issues that will arise for determination in respect of the relevant person and any applications that you have made or intend to make in respect of them?  Yes  No

If Yes, please give details below

## Section 6 – Other applications

- 6.1 Are you aware of any previous application(s) to the Court of Protection regarding the person to whom this application relates?  Yes  No

If Yes, please give as much of the following information as you can. If there has been more than one previous application please attach the information about other previous applications on a separate sheet of paper.

The name of the applicant

The date of the order

/ / 

Case number

Please attach a copy of the order(s), if available.

Copy attached  Not available

## Section 7 - Attending court hearings

- 7.1 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 8 – Statement of facts relied on**

**Section 9 - Statement of truth**

The statement of truth is to be signed by you, your solicitor or your litigation friend.

\*(I believe) (The applicant believes) that the facts stated in this application form and its annex(es) are true.

Signed

Date

□□/□□/□□□□

Name

Name  
of firm

Position or  
office held



## Section 10 - Supporting documents

10.1 Which of the following documents are you filing with this application and any you will be filing later?

- |   |   |
|---|---|
| <input type="checkbox"/> Standard authorisation     | <input type="checkbox"/> Best interests assessment  |
| <input type="checkbox"/> Urgent authorisation       | <input type="checkbox"/> Form COP DLB Declaration of exceptional urgency                      |
| <input type="checkbox"/> Age assessment             | <input type="checkbox"/> Form COP 24 Witness Statement  |
| <input type="checkbox"/> No refusals assessment     | <input type="checkbox"/> A copy of the Legal Aid or CSLF certificate (if legally represented) |
| <input type="checkbox"/> Mental capacity assessment | <input type="checkbox"/> Copies of any relevant statutory material                            |
| <input type="checkbox"/> Mental health assessment   | <input type="checkbox"/> Draft Order or Directions  |
| <input type="checkbox"/> Eligibility assessment     |   |

10.2 The following documents not being in my possession. I request \_\_\_\_\_ the Supervisory Body/ Managing Authority, to file copies of the following documents with their acknowledgment of service

- |   |  |
|---|--|
| <input type="checkbox"/> Standard authorisation     | <input type="checkbox"/> Mental health assessment  |
| <input type="checkbox"/> Urgent authorisation       | <input type="checkbox"/> Eligibility assessment    |
| <input type="checkbox"/> Age assessment             | <input type="checkbox"/> Best interests assessment |
| <input type="checkbox"/> No refusals assessment     | <input type="checkbox"/> Care plan                 |
| <input type="checkbox"/> Mental capacity assessment |  |

10.3 Please explain why you have not supplied a document and a date when you expect it to be available:

Signed ..... Applicant's Solicitor .....