

# Application to First-tier Tribunal Guardianship

Mental Health Act 1983 (as amended)

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

Office stamp  
(date received)

Please complete all information requested in this part of the application form.

- An application should contain all the information requested
- If you cannot provide the information required below, please give reasons
- Parties must co-operate with the tribunal
- If your application form is incomplete, the tribunal may return it

1. What type of application are you applying for?

- Application by or on behalf of a patient subject to a guardianship order
- Application by the patient's nearest relative when guardianship order has been made by a criminal court pursuant to Section 37 Mental Health Act 1983

2. What is the patient's full name?

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

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4. Date(s) of initial guardianship order and most recent renewal date

5. What are the contact details of where the patient lives under a guardianship order?

Address

Postcode

Contact person

Phone numbers

6. Give details of the Local Social Services Authority

Name of professional contact

Address

Postcode

Phone number

Secure email address

7. Give the name and address of the Guardian  
(if not the Local Social Services Authority)

Name

Address

Postcode

### Professionals responsible for the patient's care

8. Responsible Clinician

Full name

Job title

Address

Postcode

Phone number

Secure email address

**9.** Care co-ordinator from Local Social Services Authority

Full name

Job title

Address

Postcode

Phone number

Secure email address

**10.** Other

Full name

Job title

Address

Postcode

Phone number

Secure email address

## Nearest relative details – Non-restricted cases only

11. Full name of nearest relative?

12. Full address of nearest relative?

Address

Postcode

13. What is the relationship to the patient?

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

Yes

No

## Legal representative's details, if known

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. Phone number

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

19. If unrepresented

- I intend to appoint a legal representative myself
- I would like a legal representative to be appointed on my behalf
- I do not wish to appoint a legal representative as I am able to represent myself at the hearing, and wish to do so

Legal advice and representation is available free of charge for any person applying to the Tribunal.

If you have ticked that you would like a legal representative appointed on your behalf, a legal representative will be chosen and appointed for you by the Tribunal. The legal representative will contact you to help you with your case after they have been appointed.

### Special requirements

20. Is an interpreter required?

Yes

language

dialect

No

21. Please tell us of any other special requirements

22. How would you like your hearing to be conducted

- I would like my hearing by video
- I would like my hearing face to face
- I have no preference which type of hearing I have

## Declaration

23. This application is submitted by the

- by the patient or nearest relative
- patient or nearest relative, who has personally authorised me to submit this application on their behalf

Signature

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Date

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Print name

## Where to send your completed application

Completed forms should be sent

**by secure email to:**

mhtapplications@justice.gov.uk

Or

**by first class post to:**

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

Or

**by DX to:**

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

**Please do not submit the form more than once.**