



T129

Your rights to legal representation and to see the tribunal doctor

1. Case number

2. Name of patient

3. Patient's date of birth

Day Month Year

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4. Do you have a legal representative?

Yes. **Go to question 5.**

No. **Go to question 6.**

5. Name of representative

Now go to question 7.

6. Would you like the tribunal to appoint a legal representative on
your behalf?

Yes

No

7. Do you wish to see the tribunal doctor before your hearing?

Yes

No

Signature

Date

Day Month Year

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**After you have
completed this form**

**Give the completed form
to the**

Hospital Mental Health Act
Administrator or to your
Care Co-ordinator, and
ask them to send it to the
tribunal;

or

post the form to:

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