



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

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

**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 11231,  
Leicester, LE1 8FR