



T110

Application to First-tier Tribunal (Mental Health)

Mental Health Act 1983 (as amended)

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

Do not complete this form if the patient is subject to guardianship, you must complete form T116 – Guardianship – Application to First-tier Tribunal.

www.gov.uk/government/publications/form-t110-guardianship-guardianship-application-to-first-tier-tribunal-mental-health-mental-health-act-1983-as-amended

1. What type of application are you applying for?

Application for a Section 2 patient

Application for a patient subject to a community treatment order

Application for a conditionally discharged patient
who is not subject to conditions which amount to a deprivation of liberty

Application for a conditionally discharged patient
who is subject to conditions which amount to a deprivation of liberty

Application for a non-restricted inpatient

Application for a restricted inpatient

Application for a restricted inpatient who is subject to dual detention

Application by the patient's nearest relative

Other application by a non-restricted patient

An application must be completed according to the Procedure Rules.

The tribunal may return an application form that is not complete.

A copy of the Procedure Rules can be found here:
www.gov.uk/government/publications/health-education-and-social-care-chamber-tribunal-rules

2. What is the patient's full name?

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

Day Month Year
| | | | | |

4. Under what section is the patient detained?

5. What is the date of the original section?

Day Month Year
| | | | | |

6. Is the patient conditionally discharged and subject to conditions which deprive them of their liberty?

Yes. **Go to question 7.**

No. **Go to question 8.**

7. What is the date on which the patient most recently became subject to conditions which deprive them of their liberty?

Day Month Year
| | | | | |

8. Where does the patient currently live?

in hospital

in the community

9. What is the name and address of the hospital responsible for care of the patient?

Name of hospital

Address

First line of address

Second line of address

Town or city

County (optional)

Postcode

Note 4: If the patient is subject to dual detention, include all sections to which this application relates.

Note 5: If the patient is subject to dual detention, include the date of all sections to which this application relates.

10. What is the patient's full address?

Address

First line of address

Second line of address

Town or city

County (optional)

Postcode

11. What is the full name and address of the community supervisor or care co-ordinator?

Name

Address

First line of address

Second line of address

Town or city

County (optional)

Postcode

Nearest relative details – Non-restricted cases only

12. Full name of nearest relative?

13. Full address of nearest relative?

Address

First line of address

Second line of address

Town or city

County (optional)

Postcode

14. What is the relationship to the patient?

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

Yes

No

Legal representative's details

16. Do you have a legal representative acting for you?

Yes. **Complete questions 17 – 19.**

No

I intend to appoint a legal representative

I would like a legal representative to be appointed on my behalf

I do not wish to appoint a legal representative

Legal advice and representation is available free of charge for any person applying to the tribunal. Hospital staff should be able to help you find someone if you would like to appoint your own legal representative.

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.

17. What is the legal representative's name?

18. What is the name and address of the legal representative's firm?

Name of legal representative's firm

Address

First line of address

Second line of address

Town or city

County (optional)

Postcode

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

Special requirements

20. Do you require an interpreter?

Yes – I need an interpreter for
language

dialect

No

21. 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

22. This application is
submitted by the

Patient

Nearest relative

Or

submitted on behalf of the

Patient

Nearest relative

who has personally authorised me to submit this application on
their behalf.

Signature

Date

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Print name

What to do when you have completed your application

- Check the form is complete and the information given is correct
- If you are unsure, you can contact our Customer Support Team on 0300 303 5857
- Only information given on this form will be registered

Where to send your completed application

By email

Section 2 application to:

mhtsection2applications@justice.gov.uk

All other applications to:

mhtapplications@justice.gov.uk

By post

You can post all applications to:

send by DX to:

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

send by first class post to:

HM Courts & Tribunals Service
First-tier Tribunal (Mental Health)
PO Box 11231
Leicester
LE1 8FR

Please do not submit the form more than once.