HM Courts &
Tribunals Service

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
Email the form to:
MHTEnquiries@justice.gov.uk

or post the form to:
HM Courts & Tribunals Service
First-tier Tribunal
(Mental Health)
PO Box 11231,
Leicester, LE1 8FR

If you require any further information, contact:
Customer Services
Phone: 0300 303 5857