

Referral to First-tier Tribunal (Mental Health)

Mental Health Act 1983 (as amended)

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

Do not use this form for applications by or on behalf of patients, use:

- **T110** for Non-Restricted and Restricted Patient Applications
- **T116** for Guardianship Applications only

1. What type of referral are you applying for?

A. Hospital managers referral for an inpatient

- 6 months
- 3 years
- Community Treatment Order (CTO) revoked

B. Other referral

Specify applicable section of the Act

C. Referral by hospital managers in relation to a community patient

- 6 months
- 3 years

D. Referral by Secretary of State

Non-restricted patient

E. Referral by hospital managers in relation to patient transferred from guardianship to hospital

- Yes
- No

2. What is the patient's full name?

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

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4. What is the date of the original section?

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5. If applicable, what is the date the CTO was revoked?

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6. Where does the patient currently live?

in hospital

in the community

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

Name of hospital

Address

Postcode

8. What is the patient's full address?

Address

Postcode

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

Name of community supervisor or care co-ordinator

Address

Postcode

Nearest relative details – Non-restricted cases only

10. Full name of nearest relative?

11. Full address of nearest relative?

Address

Postcode

12. What is the relationship to the patient?

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

Yes

No

Legal representative's details

14. Does the patient have a legal representative?

Yes – **complete questions 15 – 17**

No – **I have spoken to the patient and they have confirmed the following:**

The patient intends to appoint a legal representative

The patient would like a legal representative to be appointed on their behalf

The patient does not wish to appoint a representative

If the patient would like a solicitor to be appointed on their behalf, please confirm the below:

I have discussed the role of a legal representative with the patient, and they understand the Tribunal will now choose and appoint a legal representative for them who will contact them about their case

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

Special requirements

18. Does the patient require an interpreter?

Yes – the patient needs an interpreter for

language

dialect

No

19. How would the patient like their hearing to be conducted?

Patient would like their hearing by video

Patient would like their hearing face to face

The patient has no preference which type of hearing they have

Declaration

20. This is

a Section 68 referral by hospital managers and conforms to the statutory time limits

Or

a referral by the Secretary of State

Signature

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Date

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Print name

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What to do when you have completed your referral

- 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 referral

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

Or 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.