

Application to First-tier Tribunal (Mental Health)

Mental Health Act 1983 (as amended)

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

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 on our website:
<https://www.gov.uk/government/publications/health-education-and-social-care-chamber-tribunal-rules>

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

1. What type of application are you applying for?

- Application for a Section 2 Patient
- Application for a Community Patient (CTO or Conditional Discharge)
- Application for a non-restricted inpatient
- Application for a RESTRICTED inpatient
- Application by the patient's Nearest Relative
- Other application by a non-restricted patient

2. What is the patient's full name?

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

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4. Under what Section is the patient detained?

5. What is the date of the original Section?

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6. Where does the patient currently live?

- in hospital
- in the community

7. What is the name and address of 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 Coordinator?

Name

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. Do you have a legal representative acting for you?

Yes – **complete questions 15 – 17**

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

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. Do you require an interpreter?

Yes – I need an interpreter for

language

dialect

No

Declaration

19. 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 123 2201
- Only information given on this form will be registered.

Where to send your completed application

By Email

Section 2 Application to:

tsmhsection2applications@justice.gov.uk

All other applications to:

tsmhapplications@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 8793
5th Floor
Leicester
LE1 8BN

Please do not submit the form more than once.