

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 here:

www.gov.uk/government/publications/health-education-and-social-care-chamber-tribunal-rules

Please only use this application form T110A for the period from 3 October until the 6 November 2022 to appeal detention under Section 2 of the Mental Health Act (1983).

From the 7 November 2022 use form T110.

1. What is the patient's full name?

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

--	--	--	--	--	--	--

3. Is the patient detained under Section 2?

Yes

No, then please refer to www.gov.uk/mental-health-tribunal

4. What is the date of the original section?

--	--	--	--	--	--	--

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

Name of hospital

Address

Postcode

--	--	--	--	--	--	--

Nearest relative details

6. Full name of nearest relative?

7. Full address of nearest relative?

Address

Postcode

8. What is the relationship to the patient?

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

Yes

No

Legal representative's details

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

Yes – **complete questions 11 – 13**

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.

11. What is the legal representative's name?

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

Name of legal representative's firm

Address

Postcode

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

Special requirements

14. Do you require an interpreter?

Yes – I need an interpreter for

language

dialect

No

Declaration

15. This application is

- submitted by the patient
- submitted on behalf of the patient who has personally authorised me to submit this application

Signature

--

Date

--	--	--	--	--	--	--	--

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: MHTsection2applications@justice.gov.uk

By first class post to:

HM Courts & Tribunals Service
First-Tier Tribunal (Mental Health)
PO Box 8793
5th Floor
Leicester
LE1 8BN

By DX to:

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