

# Referral to First-tier Tribunal (Mental Health)

Mental Health Act 1983 (as amended)

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

Please only use this form - **T111A** between **3 October 2022** until **6 November 2022** to request a S67(1) Reference by the Secretary of State.

**From 7 November 2022 use form T111.**

1. What is the patient's full name?

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

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3. Is this a Section 67(1) Referral by the Secretary of State?

Yes

No. Refer to [www.gov.uk/mental-health-tribunal](http://www.gov.uk/mental-health-tribunal) for the correct application form

4. What is the date of the original section?

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

Name of hospital

Address

Postcode

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## 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

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 legal representative

Legal advice and representation is available free of charge for any person applying to the Tribunal. Hospital staff should help the patient to find someone if they would like to appoint their own legal representative.

If you have ticked that you would like a legal representative appointed on the patient's behalf, a legal representative will be chosen and appointed for the patient by the Tribunal. The legal representative will contact the patient to help them with their case after they have been appointed.

11. What is the patient's 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

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

### Special requirements

14. Does the patient require an interpreter?

Yes – they need an interpreter for

language

dialect

No

### Declaration

15. This is a referral under Section 67(1) by the Secretary of State

Signature

Date

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Print name

## **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 123 2201
- Only information given on this form will be registered

## **Where to send your completed referral**

**By email:** [mentalhealthact2007@dhsc.gov.uk](mailto:mentalhealthact2007@dhsc.gov.uk)