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| Case ID Number: | | | |
| **DEPRIVATION OF LIBERTY SAFEGUARDS FORM 9**  **STANDARD AUTHORISATION CEASED** | | | |
| Full name of the person being deprived of liberty | |  | |
| Name and address of the care home or hospital where the person is being deprived of liberty | |  | |
| A STANDARD AUTHORISATION GRANTED ON  UNTIL  has **ceased** to be in force because:  *Please tick the box that applies* | | | |
| It has expired. | | |  |
| It has been reviewed and the person no longer meets the requirements for being deprived of their liberty. | | |  |
| The person has moved and a new Standard Authorisation has been granted which replaces the existing one. | | |  |
| The person has died. | | |  |
| The person ceased to meet the eligibility requirement at least 28 days ago. | | |  |
| The Court of Protection has made an order that the Standard Authorisation is invalid or shall no longer have effect. | | |  |
| It has ceased to be in force for some other reason which is: | | |  |
| Signed |  | | |
| Print Name |  | | |
| Position |  | | |
| Dated |  | | |