APPLICATION TO MENTAL HEALTH REVIEW TRIBUNAL
Capacity and Self-Determination (Jersey) Law 2016 (CSDL)

Please try to complete all the information on the form – if you are unsure of anything the tribunal can assist you to find out the information. We may have to contact you to check the details if there are some parts missing.

I wish to challenge the restrictions of my liberty under a Standard Authorisation – Article 48 of the Capacity and Self Determination Jersey Law at a Tribunal

If you are completing this form on behalf of someone else please use this section to fill out the details of the person who is detained / has their liberty restricted

Name	
Home Address	
Date of Birth	
Is someone helping you to fill out this form?	☐ Yes ☐ No
Can we talk to the person who has helped you fill out this form if we have any queries or there is information missing?	☐ Yes ☐ No
If you are applying on someone's behalf	☐ Yes ☐ No
If No, please specify who is:	
If you have assisted someone to complete this form, please complete Section *** at the end of this form	

Please give the reasons for the application (The more information you can give will assist your lawyer in helping you talk about your wishes)	

What outcome would you like from our appeal?	

If you have a copy of the decision letter and can include it please do so, otherwise tick this box for the Tribunal to request a copy on your behalf ☐

Applicant (where P is not the applicant)

Name of applicant	
Address	
Telephone	
Email	
Relationship (professional or otherwise) of applicant to P *(if the applicant is the patient's independent mental health advocate or P's independent capacity advocate, please provide additional details in section 1)*	

Standard authorization	
Address of relevant place in which P is subject to standard authorization	
Manager of relevant place in which P subject to standard authorization	
Name	
Telephone	
Email	
Capacity and Liberty Assessor responsible for assessment of P **Name**	
Name	
Telephone	
Email	
Date of standard authorization	

Date of most recent renewal of standard authorization	

Sharing of Information and supporting you in your application

Nearest Relative This is usually your closest member of your family – if you are not sure of the details tick this box for the Tribunal to be able to check this information □	
Name	
Address	
Telephone / Email	
Relationship to you	
Do you agree to the Tribunal:	
Informing them of your appeal	☐ Yes ☐ No
Being given information or documents (such as medical records, reports etc)	☐ Yes ☐ No
Attending the hearing	☐ Yes ☐ No
Independent Advocacy	
Do you have the support of the Independent Capacity Advocacy Service (ICA)?	☐ Yes ☐ No
If Yes, give their name	
Do you want the ICA told that you have made an application and the date of a hearing?	☐ Yes ☐ No
Do you give permission for the ICA to discuss matters with your lawyer?	☐ Yes ☐ No
Legal Representation **You are entitled to free legal representation**	
Would you like a legal representative to be appointed on your behalf	☐ Yes ☐ No
Have you previously been represented at the Tribunal	☐ Yes ☐ No
Name	☐ Yes ☐ No

[The patient does not wish to appoint a legal representative as he or she is able to represent himself or herself at the hearing, and wishes to do so]	☐ Yes ☐ No
Do you intend to appoint a legal representative yourself?	☐ Yes ☐ No
If Yes, name of representative	
Interpreters or other special requirements	
Do you require an interpreter?	□ **Yes** □ **No**
If so, please enter the language and dialect required	
Please provide details of any other special requirements which you consider necessary to ensure you can participate fully in the proceedings	

Section 6 – Declaration and signature (Please tick)

☐ This application is submitted by myself or nearest relative (*delete as appropriate)* and I have capacity to apply and instruct a lawyer.

☐ This application is submitted on my own behalf and I may need support to access the Tribunal and understand the process.

☐ This application is submitted on behalf of the applicant, who has personally authorised me to submit this application on their behalf

☐ This application is submitted on behalf of the P or nearest relative, who is unable for reasons of a lack of capacity to apply on his or her own behalf, but this application is considered to be in the P's best interests.

Signature		**Date**	
Print name			

Completed forms should be sent to:

Email: Mentalhealthreviewtribunal@courts.je or

Posted to MHRT, First Floor, International House, 41 The Parade, St Helier JE2 3QQ

SECTION 1

To be completed by individual supporting or assisting the Person to complete the application or where you have completed a form on a Person's behalf

The Tribunal understands that capacity is time and decision specific and that the individual does not necessarily need to fully understand the Tribunal process, just that the Tribunal can provide a means to resolving the situation – in this case challenging a restriction on their liberty.

Your Name:	
Relationship/role:	
Contact details: (Tel and Email)	
Does P have capacity to apply to the Tribunal on their own behalf?	☐ Yes ☐ No ☐ Fluctuating capacity
[If an individual wishes to challenge their detention or decision taken, but requires extra support to do so please briefly explain what steps have been taken to support the patient in making the decision to apply to the Tribunal for himself or herself.]	
If there are specific steps that the Tribunal or legal representative should take to assist the Person to participate fully, this can be included here.	
Please explain why an application to the Tribunal is considered to be in the patient's best interests	

Do you consider it likely that the Person will regain capacity at some point during the proceedings?	☐ Yes ☐ No ☐ Unknown

If P does not have capacity to consent to notice or disclosure (as described in the form above) please explain why you consider the provision of such notice or disclosure to be in the P's best interests (if applicable)	

Does P have capacity to instruct a legal representative?	☐ Yes ☐ No ☐ with support

If there specific steps that the legal representative should take in order to be able to take instruction and support the applicant please state this below	