

**APPLICATION TO MENTAL HEALTH REVIEW TRIBUNAL  
Mental Health (Jersey) Law 2016 (MHJL)**

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.

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

<b>Your full name</b>	
<b>Home Address</b>	
<b>Date of Birth</b>	
<b>Is someone assisting you to complete this form</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Do you consent to the Tribunal disclosing your information to the person helping you fill out the form?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Is the patient the applicant?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If No, please specify who is:</b>	
<b>Address</b>	

If you have assisted the Patient to complete this form, please complete Section 1 at the end of this form

**Application under the Mental Health Law**

**Please tick the relevant application type**

Detention under an assessment authorization <i>Article 21 (28 day assessment order)</i>	<input type="checkbox"/>	Detention in custody following absence without leave <i>(this is where you left without authorisation)</i>	<input type="checkbox"/>
Detention under a treatment authorization <i>Article 22 (detention or renewal)</i>	<input type="checkbox"/>	Exercise of power to recall from absence <i>(this is where you have been recalled from leave)</i>	<input type="checkbox"/>
Guardianship <i>(first application or renewal)</i>	<input type="checkbox"/>	Decision by Managers to restrict communications	<input type="checkbox"/>
Treatment Order <i>(An Order set down by the Royal Court)</i>	<input type="checkbox"/>	Challenging an off Island transfer from Jersey	<input type="checkbox"/>

<b>Please give the reasons for your application</b> (The more information you can give will assist your lawyer in helping you)	
---	--

What outcome would you like from your appeal?	
---	--

**Details and circumstances of detention/Decision**

If you have a copy of the decision letter please attach it to this form, otherwise tick this box for the Tribunal to request a copy on your behalf

<b><u>Detention in an approved establishment</u></b> (if you do not know the date or address the tribunal can assist)	
Name and Address of Establishment or Hospital	
Date of detention/decision that you wish to appeal	

**Sharing of Information**

<b><u>Nearest person / Nearest Relative</u></b>	
Name	
Address	
Telephone / Email	
Relationship to you	
<b>Do you agree to the Tribunal:</b>	
Informing the person named above of your appeal?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Giving information or documents (such as medical records, reports etc) if the person names above asks for these.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Allowing the person named above to attend the hearing	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b><u>Independent Advocacy</u></b>	
Do you have the support of the Independent Mental Health Advocacy Service (IMHA)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, give their name	

Do you want the IMHA informed of the date of a hearing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you give permission for the IMHA to discuss matters with your lawyer	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b><u>Legal Representation</u></b> You are entitled to free legal representation	
Would you like a legal representative to be appointed on your behalf	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you previously been represented at the Tribunal	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, give name of Lawyer	
<b><u>Interpreters or other special requirements</u></b>	
Do you require an interpreter?	<input type="checkbox"/> Yes <input type="checkbox"/> 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 person/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 patient, who has personally authorised me to submit this application on their behalf

<b>Signature</b>		<b>Date</b>	
<b>Print name</b>			

Completed forms should be sent to:

Email: [Mentalhealthreviewtribunal@gov.je](mailto:Mentalhealthreviewtribunal@gov.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 patient to complete the application or where the form has been completed on the patient'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 of resolving the situation – in this case challenging a restriction on their liberty*

<b>Your Name:</b>	
<b>Relationship/role:</b>	
<b>Contact details: (Tel and Email)</b>	
<b>Does the patient have capacity to apply to the Tribunal on their own behalf?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
<i>If an individual wishes to challenge their detention or a decision, 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 themselves</i>	
<b>If there are specific steps that the Tribunal or legal representative should take to assist the patient to participate fully, this can be included here.</b>	
<i>please explain why an application to the Tribunal is considered to be in the patient's best interests</i>	
<b>Do you consider it likely that the patient will regain capacity at some point during the proceedings?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
<b>If the patient 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 patient's best interests (if applicable)</b>	
<b>Does the patient have capacity to instruct a legal representative?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No