Magistrates' Courts in South East England



## INFORMATION IN SUPPORT OF AN APPLICATION FOR WARRANT TO ENTER PREMISES AND REMOVE PATIENT

Mental Health Act 1983. Section 135(2)

Court code: [insert]

Court office address: [insert]

Telephone number: [insert]

Any queries regarding this document should be directed to the Legal Support Team, Essex Magistrates' Court, PO Box 10754, Chelmsford, CM1 9PZ

## Date:

Specify name of	THE INFORMATION of
applicant	
Applicants telephone number	Please call on this number at the time of the hearing
Applicants secure email address	Please email the warrant to the following secure email address
Booking code	Team Up booking reference
Address of applicant	
Specify name of Local Authority/agency	an officer of appointed to as an Approved Mental Health Professional for the purposes of the Mental Health Act 1983 to take a patient to any place or to take into custody or retake a patient who is liable under the said Act to be taken or retaken who states that there is reasonable cause to believe that a patient
Specify name of patient	is to be found on premises at
Insert address of premises	
Insert grounds for application	<ul> <li>And that <ul> <li>a) there is reasonable cause to believe that the patient is to be found on premises within the jurisdiction of the Justice; and</li> <li>b) admission to the premises has been refused or</li> <li>c) refusal of such admission to the premises is apprehended</li> <li>(delete b) or c) as appropriate)</li> </ul> </li> <li>APPLICATION IS HEREBY MADE for a warrant under Section 135(2) of the Mental Health Act 1983 authorising any constable entry to the said premises, if</li> </ul>
State relevant information in support of the application	need be by force and to remove the said patient

Time estimate	I estimate the court should allow minutes to read this application and minutes for the hearing.
Planned date to be executed	I expect any warrant to be executed on (give planned date)
Fee	I have paid the relevant fee of £75 and my payment reference is . Or I have been unable to pay because and I have attached a signed undertaking form.
Declaration and signature by informant	I am authorised to make this application and confirm that to the best of my knowledge and belief the application discloses all the information that is material to what the court must decide, including anything that might reasonably be considered capable of undermining any of the grounds of the application.
	Signed:Approved Mental Health ProfessionalThe applicant satisfied me about his or her entitlement to make the application. The applicant confirmed on oath or affirmation the declaration. The applicant gave me additional information, the essence of which was:
	I [issued] [refused to issue] a warrant because:
	Dated the Signed : Justice of the Peace