**First-tier Tribunal**

Office stamp
(date received)

**Health, Education and Social Care Chamber**

**(Mental Health)**

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| **Guardianship – Application to First-tier Tribunal (Mental Health)** **Mental Health Act 1983 (as amended)****The Tribunal Procedure (First-tier Tribunal) (HESC) Rules 2008** |

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| **Please tick the relevant application type** |
| Application by or on behalf of a patient subject to a Guardianship Order  |  |
|  |  |
| Application made by the patient’s Nearest Relative when Guardianship Order has been made by a criminal court pursuant to section 37 MHA 1983 |  |
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| **Please complete all information requested in this part of the application form.** * An application should contain all the information requested.
* If you cannot provide the information required below, please give reasons.
* The tribunal may return an incomplete application form.
 |
| **Patient’s full name1 and date of birth:1** |  |
| **Date(s) of initial Guardianship Order and most recent renewal date:** |  |
| **Address where patient resides under Guardianship Order.****- Contact person there,****- Telephone numbers:** |  |
| **Local Social Services Authority, including: individual, professional to contact, full address, telephone number, and secure email address:** | Akua AgyepongAssistant Director Countywide ServicesC/O AMHP Service3rd Floor, Invicta HouseCounty HallSandling RoadMaidstoneKent, ME14 1XXmhguardianship@kent.gov.uk |
| **Name and address of Guardian (if not the Local Social Services Authority):** |  |

1 Parties must cooperate with the tribunal and this information is required to enable the tribunal to deal with the case effectively and to avoid delay. An incomplete application form may be returned.

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| **Professionals responsible for the patient’s care: please give full name, job title, address, telephone and secure email addresses.****1) Responsible Clinician** **2) Care Coordinator from**  **Local Social Services** **Authority** **3) Other**  | **1.****2.****3.** |

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| **Nearest Relative details if known**(Non-restricted cases only) |
| **Name:** |  |
| **Address:** |  |
| **Relationship to patient:** |  |
| **Does the patient object to the Nearest Relative being informed about this case?** |  |
| **Solicitor’s details if known** |
| **Name of solicitor** |  |
| **Name & address of solicitor’s firm:**  |  |
| **Telephone number:** |  |
| **Secure email address:** |  |
| **Unrepresented:** **\***Delete as appropriate | ● I intend to appoint a solicitor myself\*● I would like a solicitor to be appointed on my behalf\* ● I do not wish to appoint a solicitor as I am able to  represent myself  |
| **Is an interpreter is required? If so, please enter the language and dialect required:** |  |
| **Please tell us of any other special requirements:** |  |

**Declaration** (\*Delete as appropriate)

This application is submitted by the patient or nearest relative.

Or

This application is submitted on behalf of the patient or nearest relative, who has personally authorised me to submit this application on their behalf.

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| --- | --- | --- | --- |
| **Signature**  |  | **Date** |  |
| **Print name** |  |

Completed forms should be sent by secure email to: tsmhapplications@hmcts.gsi.gov.uk

If you have a CJSM account, please send to tsmhapplications@hmcts.gsi.gov.uk.cjsm.net

Or send by DX to:

HM Courts & Tribunals Service
First-tier Tribunal (Mental Health)
DX: 743090 Leicester 35

Or send by first class post to:

HM Courts & Tribunals Service,
First-tier Tribunal (Mental Health),
PO Box 8793,
5th Floor,
Leicester
LE1 8BN.

Please do **not** submit the form more than once.