

Application / Appeal Form

MHTS will try to arrange a hearing as quickly as possible. Before sending an application or appeal to the Mental Health Tribunal for Scotland, it will assist the administration staff to arrange your hearing if you provide the information required on the form below.

The medical records department at the patient's hospital may be able to assist you in obtaining this information.

Please note – ALL applications/appeals MUST be signed by the applicant or the applicant's representative

Patient's name:
Patient's address:
Postcode:
Patient's Date of Birth:
Hospital address:
Postcode:
Hospital Telephone number:
Type of order that patient is subject to:
Start date of this order:

(Appeals against excessive security only) Address immediately before being detained in the State Hospital:
Postcode:

Responsible Medical Officer (RMO):
Hospital / Centre:
Postcode:
Telephone number:
RMO Health Board:

Mental Health Officer (MHO) name:
MHO Address:
Postcode:
MHO Telephone number:
MHO Local Authority:

Named Person (if applicable):
Named Person Address:
Postcode:
Named Person Telephone number:

Solicitor Name:
Address:
Postcode:
Telephone number:

Is there anyone else you would like to attend?
Additional Attendee (1) Name: Address:
Postcode:
Additional Attendee (2) Name: Address:
Postcode:
Additional Attendee (3) Name: Address:
Postcode:

Nature of application / appeal: eg does the patient seek revocation of an order, or is the patient seeking variation of an order?

Any other information:

Signed by _____ **Date** _____

******* PLEASE RETURN THIS TO**

**THE MENTAL HEALTH TRIBUNAL FOR SCOTLAND
1st FLOOR
BOTHWELL HOUSE
HAMILTON BUSINESS PARK
HAMILTON
ML3 0QA**

**An electronic version of this document is also available at:
<http://www.mhtscotland.gov.uk/mhts/2077.1.241.html>**