

MOTION FOR ADJOURNMENT

Case Reference: MHTS/

Patient's Name:

NAME

Patient/Patient's Representative/Mental Health Officer/Responsible Medical Officer/Named Person *(delete as appropriate)*

moves the Tribunal to adjourn the Tribunal hearing set down for, and to fix an earlier/later diet *(delete as appropriate)* for the following reasons. *(insert details of motion, specifying the period of adjournment sought, where applicable, and your reason(s) for seeking the adjournment- use separate sheet if necessary)*

Date:

Signed:.....

(insert name and description of person submitting the motion, or solicitor for that person)

.....

(insert designation and business address)

.....

.....

INTIMATION FORM

(i) I confirm that I have provided a copy of this motion to the following parties:

- Patient Patient's Representative Named Person
- Mental Health Officer (where s/he is a party)
- Responsible Medical Officer (where s/he is a party)

If you have failed to provide a copy of this motion to all parties in the application you will be expected to inform the Tribunal (a) of the position of the parties to your motion, and (b) the reasons why you have not provided a copy of your motion.

(ii) I confirm a copy of this motion has **not** been sent to the undernoted parties.

However

(a) Their position is as follows:

	Opposed	Unopposed
Patient:	<input type="checkbox"/>	<input type="checkbox"/>
Patient's Representative:	<input type="checkbox"/>	<input type="checkbox"/>
Named Person:	<input type="checkbox"/>	<input type="checkbox"/>
Mental Health Officer (where s/he is a party)	<input type="checkbox"/>	<input type="checkbox"/>
Responsible Medical Officer (where s/he is a party)	<input type="checkbox"/>	<input type="checkbox"/>

(b) *In respect of each party to whom you have not sent a copy of the motion, provide reasons why you have not done so:*

Date:

Signed:.....

*(insert name and description of person
or solicitor for that person)*

.....

(insert designation and business address)

.....

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