

FORM OF MOTION

Please complete for all general motions to the Tribunal

Case Reference: MHTS/

Patient's Name

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

Moves the Tribunal to

for the following reasons. *(insert details of motion, and your reason(s) - use separate sheet if necessary)*

Date

Signature

Party *(insert name and description of party)*
or Solicitor for party
(insert designation and business address)

Name

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.

(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

Signature

Party *(insert name and description of party
or Solicitor for party
(insert designation and business address*

Name