

# APPLICATION FOR HEARING TO PROCEED IN THE ABSENCE OF THE PATIENT OR PERSON



*Mental Health Act 2007, Section 37(3A), 63(2A), 96(5A)*

HEARING CONCERNING: ..... MHRT No: .....

DoB: ..... MRN: .....

DATE OF HEARING: ..... TIME OF HEARING (if known): .....

MENTAL HEALTH FACILITY: .....

- HEARING FOR:
- S 37 - Review Of Involuntary Patient
  - S63 – Review of person detained following breach of CTO
  - S96 – Application for ECT Inquiry

## **AUTHORISED MEDICAL OFFICER MAKING APPLICATION:**

NAME: ..... Position: .....

Tel: ..... Mobile: ..... Fax .....

An application is made for the above hearing to proceed in the absence of the patient or person because:

- The patient or person is too unwell to attend*     *The patient or person has refused to attend*

Please explain why the patient or person is too unwell to attend and why it is unlikely they will be well enough to attend within a reasonable period:

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Please explain, if known, why the patient or person refuses to attend and the efforts made to encourage the patient's or person's attendance:

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Please explain why having the hearing in the absence of the patient or person is desirable for their safety or welfare:

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**Representative:** Please explain the steps taken to notify the Mental Health Advocacy Service or the patient's or person's representative of the application and the hearing:

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Representative's Name and Contact Details:

Name: ..... Tel:.....

Legal Aid:       Other: .....

**Carers:** Please explain the steps taken to notify the patient's or person's designated carer/s and principal carer provider and to explain the nature of the hearing/proposed treatment and to obtain their views: .....

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Designated Carers' Names and Contact Details:

1) ..... Tel: .....

What are his/her views? .....

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2) ..... Tel: .....

What are his/her views? .....

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Principal Care Provider's Name and Contact Details:

1) ..... Tel: .....

What are his/her views? .....

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Please explain the steps taken to support the patient or person or their carers regarding the application and any proposed treatment:

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Any other comments or relevant information? .....

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**SIGNATURE:** ..... **DATE:** .....