CORO2

Part A Application / Reference

Section 193 Order

This box is for the use of the Mental Health Tribunal for Scotland only

The following form is to be used:

where

Instructions

- 1) a reference to the Mental Health Tribunal of Scotland is to be made by the Scottish Ministers under section 185(1), 187(2) or 189(2); OR
- 2) an application to the Mental Health Tribunal of Scotland is to be made by the Scottish Ministers under section 191; OR
- 3) to record an application made under section 192 of the Act or an appeal made under section 201 or 204 of the Act.

There is no statutory requirement that you use this form but you are strongly recommended to do so. This form draws attention to some procedural requirements under the Mental Health (Care and Treatment) (Scotland) Act 2003. Failure to observe procedural requirements may invalidate the record.

Where not completing this form electronically, to ensure accuracy of information, please observe the following conventions:

Write clearly within the boxes in **BLOCK CAPITALS** and in BLACK or BLUE ink

Fo	r ex	am	ıple)				

Shade circles like this -> Not like this ->





v7.1

Where a text box has a reference number to the left, you can extend your response on plain paper where is insufficient space in the box. Extension sheet(s) should be clearly labelled with Patient's name and CHI number, and each extended response should be labelled with the appropriate text box reference number.

Patient Details																									
CHI Number]														
Surname																									
First Name (s)																									
Other / Known As																									
	'Oth	ner / K	l (nowr	n As' d	could	includ	de an	y nan	ne / a	lias th	nat th	⊥ e pati	ent w	ould	prefe	r to be	e kno	wn a	S.						
Title												Gend		le ○ Female ○ Prefers not to say ○ Not listed											
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DoB dd / mm / yyyy] /			/		If not listed, please specify																	
Patient's home																									
address																									
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Correspondence address	s for	r the	pa	tien	t is:																				
○ Home address noted a	bov	e																							
O Detention hospital/ward	d (e	nter	in t	ext	box)																			
○ Other address (enter in	tex	kt bo	ox)																						



To be completed by the Scottish Ministers or the Mental Health Tribunal for Scotland																																	
CORO Details																																	
The compulsion order and restriction order were made on: Date /																																	
The patient is detained in:																																	
Hospital																																	
Ward		I																															
Named Person																																	
○ The patient does no	ot ha	ave	e a	ne	am	ed	ре	ersc	n																								
○ The patient does ha										tail	s b	elo	w																				
Surname		T																										T					
First Name		Ť							İ							İ				Ì								Ť	T				
Title		Ŧ							Ì				Ť		,												-1						
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Primary Carer, Advoca	2014	. 14	/o:	-ko		14/	'a lf	oro	Α.	++-	rn	21/	14/0	Ifor	ro (٠.,	0 20	diar	•														
Please enter full names and Patient's primary carer (if an		ires	sse	:S, I	nc	lud	ing	COI	ntac	ct t	elep	ohoi	ne n															L.I.					
Patient's primary carer (ii an	<i>(Y)</i>]	Γ	Pat	ier	it's	adv	oca	cy	wc	rke	r wi	nere	e a _l	ри	cat	ж					
Patient's welfare attorney wh	here	e ar	lac	ical	ble	(Se	ee r	note	.)				J	_	Pat	ien	nt's	wel	fare	au	ıarı	dian	wh	ere	e ar	ilac	cat	ole ((Se	e nc	ote)		_
						,,,,														J -													
"Welfare attorney" mea welfare power of attorn Adults with Incapacity (registered under section	ney g	grar tlar	nte nd)	d ur Act	nde t 20	er s 000	ecti (as	on 1	l6 c	of th d	ie				th ha	e A s p	dul owe	ts w	ith lı virt	าca ue	pa of	city sect	(Sc ion	otla 64(nd) 1)(a) Ас а) о	t 20 r (b	000 o) of	(as	p 4)	unde) who	0	-

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To be completed by the Scottish Ministers or the Mental Health Tribunal for Scotland

Record Of Contact Details Of Others Relevant to the Application								
Please provide the names and addresses (including telephone numbers and email addresses) of others who may be relevant to this application, where not available elsewhere on this form or the Mental Health Reports, and whom the Mental Health Tribunal for Scotland may wish to hear evidence from, for example: the patient's GP. Also record any others who should be invited to the hearing.								
Curator Ad Litem								
If, in your view, the patient requires a Curator Ad Litem, please indicate this here and give your reasons.								
Suspension of detention								
Where relevant to the reference/application:								
Date on which the total period of suspension of detention within 12 months will reach 200 days.								
Note that the tribunal will schedule the hearing prior to the date of maximal suspension of detention if possible, but this cannot be guaranteed.								



To be completed by the Scottish Ministers or the Mental Health Tribunal for Scotland

Advance Statement

Shade A or B as appropriate

A S far as I am aware, the patient has made and not withdrawn an advance statement made under the terms of section 275 of the Act.

OR

B O As far as I am aware the patient has not made an advance statement under the terms of section 275 of the Act.

If the patient has an Advance Statement, could Scottish Ministers please ensure that it is enclosed with the application or reference.

Completing the appropriate part of the form

Please complete -

Scottish Ministers:

Part 1, where a reference to the Mental Health Tribunal of Scotland is to be made by the Scottish Ministers:

following a report form the patient's RMO under section 185(1); following notice from the Mental Welfare Commission under section 187(2); or under section 189(2)

Part 2, where an application to the Mental Health Tribunal of Scotland is to be made by the Scottish Ministers under section 191.

Mental Health Tribunal for Scotland

Part 3, where an application has been made by the patient, patient's named person or a listed person under section 192 of the Act

Part 4, where an appeal has been made by the patient, patient's named person or a listed person under section 201 or 204 of the Act



To be completed by the Scottish Ministers

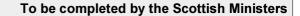
PART 1: REFERENCE TO THE MENTAL HEALTH TRIBUNAL OF SCOTLAND BY THE SCOTTISH MINISTERS UNDER SECTION 185(2), 187(2) OR 189(2)

Reference Type										
This is a reference under: Section 185(1) Section 187(2) Section 189(2) Note: Section 189(2) reference is made because no reference under section 185(1) or 187(2), or application under section 191 or 192(2) has been determined by the Mental Health Tribunal for Scotland during the previous two years in respect to the orders to which this patient is subject.										
Reasons For Reference - to be completed for section 187 references only										
The reason(s) given by the Mental Welfare Commission in the notice under 186(2) of the Act requiring the Scottish Ministers to make this reference is/are:										
Notification										
Scottish Ministers shall as soon as is practicable give notice that a reference is to be, or as the case may be has been made to the following:										
○ the patient;										
○ the patient's named person (if any);										
○ any guardian of the patient;										
○ any welfare attorney of the patient;										
○ the patient's RMO										
○ the MHO, and										
○ the Mental Welfare Commission										
Signature / Date										
Name										
Job Title										
Signed on behalf of the Scottish Ministers										
Date dd / mm / yyyy										

For reference under section 185(1), a copy of the relevant CORO1 and accompanying RMO's report should be sent with this form to the Mental Health Tribunal







PART 2: APPLICATION TO THE MENTAL HEALTH TRIBUNAL OF SCOTLAND BY THE SCOTTISH MINISTERS UNDER SECTION 191

Appl	lication Type											
	is an application made under section 191 of the Act to the Mental Health Tribunal for Scotland in respect of the to which the patient is subject. It is seeking the following order(s):	e										
0	the revocation of the compulsion order											
0	the revocation of the restriction order											
0	the variation of the measures specified in the compulsion order (complete section below) (Note: this may apply only where the application is also seeking the revocation of the restriction order)											
0	the conditional discharge of the patient											
Varia	ation to Compulsion Order											
l prop	pose the following modifications to the measures specified within the compulsion order: -											
I	sures currently All measures porised following	•										
	(a) the patient's detention in a specified hospital											
	(b) giving the patient medical treatment in accordance with Part 16 of the Act											
	(c) requiring the patient to attend: on specified or directed dates; or at specified or directed intervals, specified or directed places with a view to receiving medical treatment											
; ; ;	(d) requiring the patient to attend: on specified or directed dates; or at specified or directed intervals, specified or directed places with a view to receiving community care services, relevant services or any treatment care or service											
	(e) requiring the patient to reside at a specified place											
	(f) requiring the patient to allow any of the following parties to visit the patient in the place where the patient resides. Those parties are; > the patient's MHO, > the patient's RMO,	Those parties are; > the patient's MHO,										
 	> or any person responsible for providing medical treatment, community care services, relevant services or any treatment, care or services to the patient who is authorised for this purpose by the patient's RMO											
	(g) requiring the patient to obtain the approval of the MHO to any proposed change of address											
l L – – – –	(h) requiring the patient to inform the MHO of any change of address before the change of address takes effect	. 0										

Note: any changes proposed within the above measures should be detailed within an updated care plan that should accompany this document.



Hospital

	To be completed by the Scottish Ministers										
Variation to Compulsion Order (cont)											
The reason(s) for seeking modification(s) is(are):											
2											
Notification											
Scottish Ministers shall a made to the following:	s soon as is practicable give notice that a reference is to be, or as the case may be has been										
○ the patient;											
○ the patient's named pe	rson (if any);										
\bigcirc any guardian of the pa	tient;										
○ any welfare attorney of	the patient;										
○ the patient's RMO											
\bigcirc the MHO, and											
○ the Mental Welfare Commission											
Signature / Date											
Name											
Job Title											
Signed on behalf of the Scottish Ministers											
Date dd / mm / yyyy											



To be completed by Mental Health Tribunal for Scotland

PART 3: RECORD OF APPLICATION MADE UNDER SECTION 192(2) OF THE ACT

Application Details

the or	s a record of application made under section 192 of the Act to the Mental Health Tribunal for Scotland in responsers to which the patient is subject. It is seeking the following order(s): the revocation of the compulsion order	ect of									
	the revocation of the compulsion order										
0	the revocation of the compulsion order										
0	the variation of the measures specified in the compulsion order (complete table below) (Note: this may apply only where the application is also seeking the revocation of the restriction order)										
0	the conditional discharge of the patient										
The fo	he following variation is proposed to the measures specified within the compulsion order: -										
Measi autho	ures currently All measures profised following varies										
	(a) the patient's detention in a specified hospital										
0	(b) giving the patient medical treatment in accordance with Part 16 of the Act										
	(c) requiring the patient to attend: on specified or directed dates; or at specified or directed intervals, specified or directed places with a view to receiving medical treatment										
	(d) requiring the patient to attend: on specified or directed dates; or at specified or directed intervals, specified or directed places with a view to receiving community care services, relevant services or any treatment care or service										
	(e) requiring the patient to reside at a specified place										
0											
	(g) requiring the patient to obtain the approval of the MHO to any proposed change of address										
	(h) requiring the patient to inform the MHO of any change of address before the change of address takes effect										
	e it is proposed that the order should authorise measures other than the detention of the patient in hospital, p the name of the hospital the managers of which should have responsibility for appointing the patient's RMO.	ease									
Hospi	tal										
	e provide details of any previous applications under section 192(2) of the Act, including length of time since a ous application under this section	ny									
3	 										

To be completed by Mental Health Tribunal for Scotland

PART 4: RECORD OF APPEAL MADE UNDER SECTION 201 OR 204 OF THE ACT

Application Details									
The appeal was made by: and is:	 the patient the patient's named p the patient's guardian the patient's primary o the patient's welfare a the patient's nearest r 	carer attorney							
○ a section 201 appeal agair	nst variation of conditions in	mposed on c	onditional discharge (complete part 4a)						
○ a section 204 appeal agair	nst recall from conditional o	discharge (co	emplete part 4b)						
The patient was conditionally discharged under the authority of section 193 on:									
Part 4a: Section 201 appea	al details								
The Scottish Ministers notified the parties of the variation(s) to conditions imposed on conditional discharge on: Date Appeal by the patient or named person must be within 28 days of this date									
The variation(s) made by the	e Scottish Ministers that are	e the subject	of this appeal are:						
4									
Part 4b: Section 204 appe	eal details								
The patient was returned to	hospital on	Date	Appeal by the patient or named person must be within 28 days of this date						

following warrant from Scottish Ministers recalling the patient from conditional discharge

