Section 193 Order

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

Instructions

The following form is to be used:

where

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

Part A

Application / Reference

v7.1

CORO2

- 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.

	ment that you use this form but you are strongly recomme the Mental Health (Care and Treatment) (Scotland) Act 2 invalidate the record	
Where not completing this form	electronically, to ensure accuracy of information, ple	ease observe the following conventions:
Write clearly within the boxes in BLOCK CAPITALS and in BLACK or BLUE ink	For example	Shade circles like this -> Not like this -> 🗙 🗹
	ould be clearly labelled with Patient's name and CH	e on plain paper where there is insufficient space in Il number, and each extended response should be

Patient Details																										
CHI Number]															
Surname]
First Name (s)																										ĺ
Other / Known As																										
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Patient's home address]
]
Postcode								<	< Ple	ease	ent	er N	IF1	1AB	if no	o fixe	ed a	bode	e	I	I	I	I	I]

Correspondence address for the patient is:

- \bigcirc Home address noted above
- \bigcirc Detention hospital/ward (enter in text box)
- Other address (enter in text box)





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CORO Details																										
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The patient is detained in	:																								_	
Hospital																										
Ward																										
Named Person																										
\bigcirc The patient does no \bigcirc The patient does ha								ile h	مام	A/																
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Primary Carer, Advocacy Worker, Welfare Attorney, Welfare Guardian

Please enter full names and addresses, including contact telephone numbers and email addresses where known.

Patient's primary carer (if any)

Patient's advocacy worker where applicable

Patient's welfare attorney where applicable (See note)

Notes "Welfare attorney" means an individual authorised, by a welfare power of attorney granted under section 16 of the Adults with Incapacity (Scotland) Act 2000 (asp 4) and registered under section 19 of that Act, to act as such.



Patient's welfare guardian where applicable (See note)

"Guardian" means a person appointed as a guardian under the Adults with Incapacity (Scotland) Act 2000 (asp 4) who has power by virtue of section 64(1)(a) or (b) of that Act in relation to the personal welfare of a person.

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		1	1		
detention within 12 months will reach 200 days.		/	1		

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

Α	0	As 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.
OF	2	
В	0	As far as I am aware the patient has not made an advance statement under the terms of section 275 of the Act.
lf t	he p	atient has an Advance Statement, could Scottish Ministers please ensure that it is enclosed with the

Completing the appropriate part of the form

Please complete -

application or reference.

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



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

1

This is a reference under: O Section 185(1) O Section 187(2) O 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:

 \bigcirc the patient;

 \bigcirc the patient's named person (if any);

 \bigcirc any guardian of the patient;

 \bigcirc 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}]/		/										

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

Application Type

This is an application made under section 191 of the Act to the Mental Health Tribunal for Scotland in respect of the orders to which the patient is subject. It is seeking the following order(s):

- the revocation of the compulsion order
- the revocation of the restriction order
- 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)
- O the conditional discharge of the patient

Variation to Compulsion Order

I propose the following modifications to the measures specified within the compulsion order: -

Measu	ures currently All measures pro rised following va	•
0	(a) the patient's detention in a specified hospital	0
0	b) giving the patient medical treatment in accordance with Part 16 of the Act	0
0	(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	
0	(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	
0	(e) requiring the patient to reside at a specified place	
0	 (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, 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 	
0	(g) requiring the patient to obtain the approval of the MHO to any proposed change of address	
0	(h) requiring the patient to inform the MHO of any change of address before the change of address takes effect	

Where it is proposed that the order should authorise measures other than the detention of the patient in hospital, please state the name of the hospital the managers of which should have responsibility for appointing the patient's RMO.

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



Variation to Compulsion Order (cont)

The reason(s) for seeking modification(s) is(are):

2	

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:

- \bigcirc the patient;
- \bigcirc the patient's named person (if any);
- \bigcirc any guardian of the patient;
- \bigcirc any welfare attorney of the patient;
- \bigcirc the patient's RMO
- \bigcirc the MHO, and
- \bigcirc the Mental Welfare Commission

Signature / Date														
Name]
Job Title]
Signed on behalf of the Scottish Ministers														
Date dd / mm / yyyy]/]/										



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

Application Details

The application was made by:

- \bigcirc the patient
- \bigcirc the patient's named person
- \bigcirc the patient's guardian
- \bigcirc the patient's primary carer
- \bigcirc the patient's welfare attorney
- \bigcirc the patient's nearest relative

This is a record of application made under section 192 of the Act to the Mental Health Tribunal for Scotland in respect of the orders to which the patient is subject. It is seeking the following order(s):

- the revocation of the compulsion order \bigcirc
- the revocation of the restriction order \bigcirc
- the variation of the measures specified in the compulsion order (complete table below) 0 (Note: this may apply only where the application is also seeking the revocation of the restriction order)
- the conditional discharge of the patient Ο

The following variation is proposed to the measures specified within the compulsion order: -

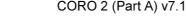
1	sures currently All measures properties of the sures of t	
0	(a) the patient's detention in a specified hospital	0
0	(b) giving the patient medical treatment in accordance with Part 16 of the Act	0
	(c) requiring the patient to attend: on specified or directed dates; or at specified or directed intervals, specified or directed places with a view to receiving medical treatment	0
0	(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	0
0	(e) requiring the patient to reside at a specified place	0
	 (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, > 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 	0
0	(g) requiring the patient to obtain the approval of the MHO to any proposed change of address	0
0	(h) requiring the patient to inform the MHO of any change of address before the change of address takes effect	0
Wher	e it is proposed that the order should authorise measures other than the detention of the patient in hospital, ple	ase

state the name of the hospital the managers of which should have responsibility for appointing the patient's RMO.

Hospital

Please provide details of any previous applications under section 192(2) of the Act, including length of time since any previous application under this section

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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 per the patient's guardian the patient's primary can the patient's welfare atta the patient's nearest rel 	rer orney	
\odot a section 201 appeal against variation of conditions imposed on conditional discharge (complete part 4a)			
\bigcirc a section 204 appeal against recall from conditional discharge (complete part 4b)			
The patient was conditionally discharged under the Date authority of section 193 on:			
Part 4a: Section 201 appeal details			
The Scottish Ministers notified variation(s) to conditions impo discharge on: The variation(s) made by the s	osed on conditional	Date he subject o	Appeal by the patient or named person must be within 28 days of this date
4			
Part 4b: Section 204 appeal details			
The patient was returned to he	ospital on	Date	Appeal by the patient or named parson must

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

