

EXS3

Application for Recall of Orders made under Sections 264, 265, 268 or 269

This box is for the use of the Mental Health Tribunal for Scotland only																									
Instructions																									v7.0
The following form is to be where an application is to be 264, 265, 268 or 269.			to th	ne M	lenta	al He	ealth	n Tril	ouna	al foi	r So	cotla	nd f	or a	n ord	der r	ecal	ling	an c	orde	r ma	ıde ı	ınde	r se	ctions
There is no statutory re- procedural requirements u								nd Tr	eatm	ent)	(Sc		nd) A												
Where not completing this for	orm e	elect	roni	cally	, to	ensu	ıre a	сси	racy	of ir	nfoi	rmati	on,	plea	se ol	bser	ve th	e fo	llowi	ing c	onv	entic	ns:		
Write clearly within the boxes in BLOCK CAPITALS and in BLACK or BLUE ink			For e	exan	nple	Τ							Shade circles like this -> Not like this ->												
Where a text box has a reference number to the left, you can extend your response on plain paper where there 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	er / K	nown	As' o	could	includ	de an	y nan	ne / a	lias th	hat t	the pa	tient	would	l prefe	er to b	e kno	wn a	S.						
Title														Gender O Male											
DoB dd / mm / yyyy			/			/							 -	○ Female											
Patient's home address																									
Postcode																									
The patient is currently d	etaiı	ned	in:																						
Hospital / Unit																				Π					
Ward																									
Correspondence address	s for	the	na	tient	t ie:																				
Home address noted a			γu		. 10.																				
Detention hospital / ho			nit (sper	cify :	war	d) (ente	ır in	tev	t h	OX)													
Other address (enter in			•	SPE	Jil y	••ui	<i>⊶)</i> ('	J. 110	zı 111	ιυλ		υ Λ)													



PART 1: APPLICATIO	PART 1: APPLICATION to be completed by the Applicant									icant															
Applicant Details																									
Surname																		T					Τ		
First Name																		Ť							
Title																									J
Status of applicant:	\bigcirc	leal	th E	Boa	rd	0	Sco	ttis	h M	inist	ers	(⊃ Pa	atie	nt's	RM	10								
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Postcode]																	_
Telephone No. e-mail address																									
Full name, address, te																				hav	re o	one			



PART 1: APPLICATION	to be completed by the Applicant
Further Information (cont)	
Advise of others you intend to bring along to the hearing, indicating their pos	ition / relationship to the patient
If, in your view, the patient requires a Curator Ad Litem, please indicate this he	ere and give your reasons
Application for Recall	
I, the applicant named above, apply for the recall of the order made by the Mental I	Health Tribunal for Scotland under
○ Section 264(2) ○ Section 265(3) (State hospital)	
○ Section 268(2) ○ Section 269(3) (Hospital other than state hospital)	
dated / mm / yyyy / / / / / / / / / / / / / /	
for the following reasons:	
1	
Signed]
by Applicant Date / / / / / / / / / / / / / / / / / / /	
dd / mm / yyyy	



EXS 3 V7.0 Page 3 of 5

PART 2: DETERMINATION

To be completed by Mental Health Tribunal for Scotland

Determination of Application for Recall under Section 267(2) or 271(2) of the Act

Hearing Details																								
The hearing to consider a	an a	ppli	catio	on f	for r	eca	ll ur	nde	er (\supset s	sect	tior	26	67	0	sec	ction	27	1					
of the Act was heard on:			Date		уууу				/[]/												
Before the following Tribu	ınal	me	mbe	ers	-																			
Convener																								
Medical]						
General																								
Hearing Address																								
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Postcode																								
Representation / Evide	nce)																						
Before determining the a 264(10) / 268(10) of the A producing evidence. The	Act t	the	opp	ortu	unity	y to:	ma																	ons
○ The patient																								
○ The patient's named pers	son																							
○ The relevant Health Boar	d																							
○ The patient's RMO																								
The managers of the hos	pital	l in v	vhic	h th	e pa	atien	t is o	deta	aine	b														
○ The MHO																								
Any guardian of the patie																								
Any welfare attorney of the						. 1				_	- .,													
Any curator ad litem apport			-	pec	t Of 1	tne p	atie	nt i	by tr	ie i	Iribu	una	I											
The Mental Welfare Com				O	.u: _ l_	N 41:00	:-4-																	
○ In the case of a relevant ○ Any other person appear									otoro	ct	/liet	hol	OW)	١										
Any other person appear	iiig t	.0 (11	C 111	ibui	iai t	o na	vc a		itore	,sı	(IISt	001	O VV	,										
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Со	mplete the appropriate option
A	: Recall - Tribunal is satisfied with level of security
0	State hospital S267(2) - The Mental Health Tribunal for Scotland is satisfied that the patient requires to be detained under conditions of special security that can be provided only in a state hospital, and recalls the order Or
0	Hospital other than state hospital S271(2) - The Mental Health Tribunal for Scotland is satisfied that the level of security at the hospital in which the patient is being detained is not excessive in the patient's case and recalls the order.
E	3: Recall on other grounds
0	The Mental Health Tribunal for Scotland recalls the order on the following grounds:
3	
C	: Application is refused
0	State hospital - The Mental Health Tribunal for Scotland is satisfied that the patient does not require to be detained under conditions of special security that can be provided only in a state hospital, and DOES NOT recall the order Or
0	Hospital other than state hospital - The Mental Health Tribunal for Scotland is satisfied that the detention of the patient in the hospital in which they are being detained involves the patient being subject to a level of security that is excessive in the patient's case and DOES NOT recall the order
Si	gnature / Date
	gned Convener
Da dd /	rte /mm/yyyyy // / / / / / / / / / / / / / / /

To be completed by Mental Health Tribunal for Scotland



PART 2: DETERMINATION (cont)

Tribunal Determination