

Detention Details

- The patient is detained subject to:
- An assessment order
 - A treatment order
 - An interim compulsion order
 - A compulsion order and a restriction order
 - A temporary compulsion order
 - A hospital direction
 - A transfer for treatment direction

Assessment orders and interim

compulsion orders only: This order will cease to authorise the detention of the patient at midnight at the end of:

Date / /

The patient is currently detained in

Hospital

Ward / Clinic

Suspension Details

I am granting a certificate suspending the order authorising detention in hospital as detailed above. The period that the order will not authorise the patient's detention in hospital will be:

Start Time: :
24hr clock

Start Date: / /
dd / mm / yyyy

(including associated travel where appropriate)

End Time: :

End Date: / /

- I confirm that the above suspension period is in line with section 224 of the Act (see notes below)
Note: not applicable to patients subject to an assessment order

The reason(s) for suspending detention is/are:

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Whilst the suspension applies, the patient will reside at:

- Home address as per page 1 of this certificate
- Other address (enter in text box below)

Notes

- (1) this certificate may specify a single period not exceeding 90 days or a series of more that one individual period falling within a particular 3 month period.
- (2) The total period of suspension of detention must not exceed 200 days within any period of 12 months (whenever counted from, and this includes all periods of suspension of detention granted across all suspension certificates).
 A day does not count towards the total period if the suspension is 8 hours or less in that day.
 A single period of suspension of more than 8 hours and less than 24 hours, whether in one day or spanning two days counts as a whole day towards the total period.
- (3) The time/date of this certificate cannot be beyond the current time of expiry of authority to detain.



Conditions imposed on suspension

I believe that, in the interests of the patient, or for the protection of any other person, it is necessary that the following condition(s) apply during this suspension period -

(a) during the period specified in the certificate, the patient be kept in the charge of the following authorised person **name and address of authorised person**

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(b) such other conditions as I have specified below -

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Scottish Ministers' Consent

- I attach a copy of the Scottish Ministers' written consent to the suspension of the compulsory measure in the order/direction authorising the aforementioned patient's detention in hospital.

Note: For Assessment Orders, Treatment Orders, Interim Compulsion Orders and Temporary Compulsion Orders, Scottish Ministers' consent is not required in cases where the suspension is to allow the patient to attend a criminal procedures hearing against them or where the patient is attending a medical or dental appointment.

For COROs, Hospital Directions and Transfer for Treatment Directions, Scottish Ministers' consent is required for all periods of suspension.

Notification

Note: not applicable where the patient is subject to an assessment order

Where the period of this certificate when taken together with the period specified in any other certificate granted under section 224 exceeds 28 days, or by itself exceeds 28 days, I confirm that the following parties have been notified of the suspension.

- The patient
The patient's named person (if any)
The patient's general medical practitioner
The patient's MHO
The Mental Welfare Commission

Certification

Signed by the RMO

Date dd / mm / yyyy

