

# Notification of Appeal Against Transfer to a State Hospital

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

**Instructions** v7.0

The following form is to be used:

to notify hospital managers that an appeal against transfer to a state hospital has been lodged with the Mental Health Tribunal for Scotland. Unless specifically authorised by the Tribunal, the transfer should not take place pending the determination of the appeal.

**Patient Details**

CHI Number

Surname

First Name(s)

Title

DoB  /  /   
dd / mm / yyyy

Gender  Male  
 Female

The patient is currently detained in -  
Hospital

**Details of Appeal**

An appeal against a transfer was made by:  the patient  
 the patient's named person

The appeal was received by the Mental Health Tribunal for Scotland on: Date  /  /

**Tribunal Order under section 220(4)**

- shade as appropriate*
- s 220(4)(a) - The patient should NOT be transferred as proposed, pending determination of the appeal.
  - s 220(4)(b) - The Mental Health Tribunal for Scotland is satisfied that, pending determination of the appeal, the patient should be transferred as proposed.

**Completed by**

Surname

First Name(s)

Job Title

Signed

Date  /  /

