

## UPPER TRIBUNAL ADMINISTRATIVE APPEALS CHAMBER

Office stamp (date received)	

## APPLICATION FOR PERMISSION TO APPEAL and NOTICE OF APPEAL from First-tier Tribunal – MENTAL HEALTH

You **must** apply to the First-tier Tribunal for permission to appeal before you fill in this form. **Use this form** *either* (1) **to apply to the Upper Tribunal for permission** to appeal if the First-tier Tribunal refused to admit your application or refused you permission to appeal

or (2) to appeal to the Upper Tribunal if the First-tier Tribunal has granted you permission to appeal

## Please Use black ink and complete the form in CAPITAL LETTERS.

Please fill in all the boxes. Answer as many questions as you are able.

Use another sheet of paper if there is not enough space for you to say everything. (Please put your full name at the top of the sheet.)

Α	About the Applicant/Appellant		
	Is the applicant/appellant  Please tick the approp	a patient?  or the patient's nearest relative?  or a responsible authority?  or the Secretary of State?  riate box	
В	About the Patient		
	Title Mr	Mrs Miss Ms Other	
	Surname		
	Other names		
	Address or hospital where detained		
	Postcode		
	Daytime telephone number	Date of birth	

Non- restricted patients. Is the patient  Detained but not restricted? On a community treatment order? On a guardianship order? Detained under section 2  Restricted patients Is the patient Detained and restricted? On a conditional discharge order?  * Please tick the appropriate box
About the patient's Nearest Relative
Is this application/appeal made by the patient's Nearest Relative?  No Yes
Name of Nearest Relative
Address of Nearest Relative
Postcode
Daytime telephone number
About the patient or nearest relative's representative
Is the Patient or Nearest Relative represented by a solicitor?  Or other representative?
Yes Name of representative
Address of representative
Postcode
Daytime telephone number

Ξ	About the responsible authori	ty
If so, give	ent detained or a community pa details of the responsible autho levant hospital, if different	
	Name of hospital  Name of official	
	Address of hospital Postcode	
	Daytime telephone number	
Please give	e the <b>name and address of the r</b> o	esponsible authority's representative below
	Name of representative	
	Name of firm	
	Address	
	Postcode	
	Daytime telephone number	

About the responsible author	rity (continued)	
Is the patient subject to guardianship?		
If yes, please give the name and address of the social	al services authority below.	
Name of official		
Name of social services authority		
Address of authority		
Postcode		
Daytime telephone number		
Reference number (if any)		
About the First-tier tribunal wh	nich decided your case	
Where was the tribunal hearing?		
ŭ		
What was the date of the tribunal's hearing?		
What was the tribunal's register number?		
(This will be on all correspondence.)		

G	Reasons for any delay	
	Note: You must apply to a first-tier tribunal for permission to appeal before you fill in this form Did the First-tier Tribunal refuse to admit your application because you were late?	No Yes
	Has more than one month passed since the First-tier Tribunal sent you notice of the grant or refusal of permission to appeal or notice that your application has not been admitted?	No Yes
	If the answer to either of the above questions (or both) is "yes", please explain the delay	

٨	Note: You can only appeal if you think the First-tier Tribunal was wrong on one or more <b>points of law</b>
F	Please state what error of law you consider the First-tier Tribunal has made.
a	If the First-tier tribunal granted you permission to appeal on limited grounds and you are now appealing please state whether you also wish to apply for permission on additional grounds and ick both boxes in <b>Part J</b> )
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Reque	st for a	an oral hearing of an A	pplication
N.B. This section is concerned only with initial oral hearings of applications for permission to appeal. If you are given permission to appeal, you will be given the opportunity to ask for an oral hearing of the appeal at a later stage when you have seen all the written submissions in the case. If you are refused permission without an oral hearing you will be given the opportunity to make another application for permission with an oral hearing			
Has a First-tier Tribunal judge given you permission to appeal?			permission to appeal?
Yes	You	<b>r case is an appeal</b> . Go	straight to <b>Part J</b> on the next page.
No	or yo		per Tribunal for permission to appeal. Do you to have an oral hearing before the Upper
	No [		
	Yes	Please say why	,
	-	Would you like the	hearing to be in private?
		No 🗍	
		Yes Pleas	e say why
	_[		

J	Application for permission to Appeal or Appeal to the Upper Tribunal
or	for permission to appeal against the decision of the First-tier tribunal  I against the decision of the First-tier tribunal.
I author	rise my representative to act on my behalf in all proceedings before the Upper Tribunal.*  if you have no representative or you are a solicitor filling in this form on behalf of a client)  Signature of applicant or appellant
	Date / /
А	pplication for urgent consideration
	tional urgency is being claimed say why and give timescale sought
AFTER	YOU HAVE COMPLETED THIS FORM — please send it to:
1	he Upper Tribunal (Administrative Appeals Chamber), 1 <sup>th</sup> Floor Cardinal Tower 2 Farringdon Road ondon, EC1M 3HS. Tel: 020 7549 4660 Fax: 020 7549 4668
•a •tl •p	IST enclose the following documents with this form - copy of the written decision issued by the First-tier tribunal and all the locuments the first-tier tribunal relied on to make their decision he letter from the first-tier tribunal telling you that you have granted or refused permission to appeal or that you application has not been admitted copy of the funding notice or legal aid certificate
•11	F YOU DO NOT SEND THESE DOCUMENTS YOUR APPEAL MAY NOT BE ADMITTED OR MAY BE DELAYED.
	ce will let you know when they have received this form. Contact the Upper Tribunal you are not told within a week that the form has been received.