



Royal Court of Jersey  
Judicial Greffe

*A Department of the Jersey Court Service*

**NOTICE OF APPLICATION TO THE MENTAL HEALTH  
REVIEW TRIBUNAL BY PATIENT'S NEAREST  
RELATIVE**

**THE PRESIDENT, MENTAL HEALTH REVIEW TRIBUNAL**

NAME OF APPLICANT: .....

ADDRESS OF APPLICANT: .....

.....

I am the nearest relative, being the ..... (relationship)

OR

I am authorized, by the attached document, to exercise the functions of the nearest relative

of NAME OF PATIENT: .....

DETAINED AT: .....(address)

for assessment / treatment

OR

IN THE GUARDIANSHIP OF

..... (name)

at ..... (address)

I make this application under Article ..... (provision) of the Mental Health (Jersey) Law, 1969, for the following reasons:

.....

.....

For Office use only: Date Received:

accepted:

.....  
.....

I have the following special requirements or concerns:

.....  
.....

**SIGNATURE:** .....

**DATE:** .....

**I AM SIGNING WITH THE AUTHORIZATION OF**

..... (name)

..... (address)

**NOTES TO APPLICANT**

**Please cross out any statements on the form which do not apply in your case.**

**If you are authorized by the Court to exercise the functions of a patient’s nearest relative, you must attach a copy of the Court order showing that authorization.**

**This application will be decided at a hearing at which the patient may be present, unless that would be likely to cause serious harm to his or her health. If you think a hearing should not be held in this case, please say so as a special requirement on the form.**

**Special requirements might also include the assistance of an interpreter or signer. Concerns might include any possible detriment to health which could be caused by a hearing.**

**If you have not appointed an advocate to represent you at a hearing, the Tribunal will inform the Law Society who may provide an advocate, unless you indicate that you do not wish this to be done.**

**If someone else fills in this form and signs it for you, they must also give their name and full address.**