

## REQUEST TO WITHDRAW AN APPLICATION TO THE TRIBUNAL

Please complete this form as far as you are able.  
 If you require assistance please ask the ward staff, your advocate,  
 social worker, CPN or legal representative

This Application Form is available in Welsh

<b>1. APPLICANT'S DETAILS</b>					
Title:	Mr / Mrs / Ms / Miss (delete as applicable)	Other:			
Full name:					
Date of Birth:		Section:		Date Section commenced:	
Date of Tribunal:					
Hospital/Current Address:					
Ward Name:		Responsible Clinician's Name:			
<b>2. LEGAL REPRESENTATIVE'S DETAILS</b>					
Legal representative's name and address: (if applicable)					
<b>3. APPLICATION TO WITHDRAW (to be completed by patient)</b>					
<p>I wish to withdraw my application to the Tribunal.</p> <p>Reasons:</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p style="text-align: right;">.....P.T.O</p>					

**3. (continued)**

I confirm that:

- a. I make this request to withdraw my application of my own free will and acknowledge that by withdrawing my application I continue to remain subject to the Section/Order against which I appealed
- b. I am aware of my right to free legal representation, and
- c. I have taken the advice of my legal representative whose details are given above in relation to this application, or
- d. I do not wish to be legally represented but I am aware of my rights under the Mental Health Act to make a further application to the Tribunal within the statutory time limits.

Signature:

Name:

Date:

**4. TO BE COMPLETED BY LEGAL REPRESENTATIVE**

I confirm that I have advised my client of her/his rights under the Mental Health Act 1983 (as amended) and that I am satisfied:

- (a) that he/she has capacity to make this application and does so without coercion or undue influence and with knowledge of his/her legal rights, or
- (b) that he/she does not have capacity to provide me with instructions, I have been appointed by the Tribunal under Rule 13 (5)(b)(ii) of the MHRTW Rules 2008 to act in his/her best interests, and I am satisfied that it is in his/her best interests to withdraw the application."

Any other relevant information:

Signed:

Name:

Date:

**5. SENDING US THE WITHDRAWAL REQUEST**

Once you have completed and signed this form please send it to:

MHRT Wales  
2<sup>nd</sup> Floor  
Crown Building  
Cathays Park  
Cardiff, CF10 3NQ    Or: E-mail it to: [MHRT@Gov.Wales](mailto:MHRT@Gov.Wales)

Contact number: 0300 025 5328

# Tribiwnlys Adolygu | Mental Health Review Iechyd Meddwl Cymru | Tribunal for Wales

MHRTW18

The Mental Health Review Tribunal welcomes receiving correspondence in Welsh or English. Any correspondence received in Welsh will be answered in Welsh and corresponding in Welsh will not lead to a delay in responding. The Tribunal also welcomes phone calls in Welsh or English.

You may submit forms, documents and make written representations to the Mental Health Review Tribunal in Welsh or English.