

Tribiwnlys Adolygu
Iechyd Meddwl Cymru

Mental Health Review
Tribunal for Wales

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.

Section 1 – Applicant's Details

Title: Full name: Date of Birth:

Section or Order of the Mental Health Act to which you are subject:

Date the Section/Order commenced:

Date of the Tribunal Hearing:

Hospital/Current Address:

Ward Name:

Responsible Clinician's Name:

Section 2 – Legal Representative's Details

Legal representative's name and address (if applicable):

Section 3 – Application To Withdraw (to be completed by patient)

I wish to withdraw my application to the Tribunal.

Reasons:

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 (IN CAPITALS):

Date:

Section 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:

Signature:

Name (IN CAPITALS):

Date:

Section 5 – Sending us the withdrawal request

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

Mental Health Review Tribunal for Wales
PO Box 1134
Cardiff
CF11 1WX

Email: MHRT@gov.wales

Contact number: **0300 025 5328**

We welcome receiving correspondence in Welsh. Any correspondence received in Welsh will be answered in Welsh and corresponding in Welsh will not lead to a delay in responding.