

**DECISION OF THE MENTAL HEALTH TRIBUNAL
TO EXTEND BY 14 DAYS**

Revised March 2020

FORM 9

Mental Health
Acts 2001 to 2020
(as amended)
Section 18(4)

BLOCK CAPITALS

1. Name and home
address of patient

2. Full name and address of
Approved Centre

This patient was admitted on an involuntary basis to

3. Date of Involuntary
Admission

on
 / /

4. Date of Mental
Health Tribunal

The Mental Health Tribunal reviewed this patient's detention on:

/ /

5. Details of the reasons for
the decision to extend
by 14 days

The member(s) of this Tribunal hereby directs that

6. Extension

First Second

7. Date of resumed
Mental Health Tribunal

/ /

Time:

:

(24 hour clock e.g. 2:41pm is written as 14:41)

8. The Tribunal will inform the
following persons of its
decision and the reasons
for its decisions

The Commission
The Responsible Consultant
The Patient and his/her Legal Representative
Any other person (who in the opinion of the Tribunal should be given notice). Name(s):

Delete whichever part is appropriate

Section 48(3) Tribunal

Signed by:

Tribunal Chair:

_____ Date: / /

Tribunal Consultant Psychiatrist:

_____ Date: / /

Tribunal Lay Member:

_____ Date: / /

- OR -

Section 48(3A) or 48(3B) Tribunal (delete as appropriate)

Signed by:

ONE MEMBER

_____ Date: / /