



RECORD OF MENTAL HEALTH TRIBUNAL PROCEEDINGS

Revised March 2020

Mental Health
Acts 2001 to 2018

Section 49(6)(J)

Mental Health Tribunal Attendees

Patient Name: _____

Case ID: _____

Patient ID: _____

Hearing Date: ____/____/20____

Scheduled Start Time: ____ : ____ (24 hr clock e.g. 2:41p.m. is written as 14.41)

Actual Start Time: ____ : ____ (24 hr clock e.g. 2:41p.m. is written as 14.41)

	Title	Name	Surname	Signature	Time of Arrival	Reasons for Attendance
1						Patient
2						Tribunal Chairperson
3						Tribunal Consultant Psychiatrist (if applicable)
4						Tribunal Lay Member (if applicable)
5						Legal Representative or Personal Solicitor (If not represented, record in Section 16)
6						Responsible Consultant Psychiatrist (if applicable)
7						
8						
9						
10						

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1) Full name of Patient:

2) Full address of Patient:

3) Date of Birth:

//

Gender:

M F

4) Did Patient attend?

Yes No

(If NO, please detail reasons below)

5) Tribunal venue and address:

6) Were all the relevant Patient's records made available to the Tribunal?

Yes No

7) a) Was the Independent Consultant Psychiatrist's report available prior to the start of the Tribunal?

Yes No

b) Was the Responsible Consultant Psychiatrist's report available prior to the start of the Tribunal?

Yes No

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8) Tribunal date and scheduled start time:

____ / ____ / 20____ : ____ (24 hour clock e.g. 2:41pm is written as 14:41)

9) Tribunal date and actual start time:

____ / ____ / 20____ : ____ (24 hour clock e.g. 2:41pm is written as 14:41)

10) Tribunal date and finish time:

____ / ____ / 20____ : ____ (24 hour clock e.g. 2:41pm is written as 14:41)

11) PLEASE RECORD DETAILS OF ALL WITNESSES e.g. Approved Centre staff, family members.

Full name / title of witness

Full address of witness

 Eircode:

Purpose of attendance:

Called by:

Was this person called to give evidence? Yes No
(Please record any further information in Section 16)

PLEASE RECORD DETAILS OF ALL WITNESSES e.g. Approved Centre staff, family members.

Full name / title of witness

Full address of witness

 Eircode:

Purpose of attendance:

Called by:

Was this person called to give evidence? Yes No
(Please record any further information in Section 16)

12) PLEASE RECORD DETAILS OF ATTENDEES e.g. Approved Centre staff, family members. **SEE ATTENDANCE SHEET ON PAGE 1.**

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13) Please note details for any delay in the commencement or resumption of the hearing and the reasons

14) Please note any recess/adjournment taken during the proceedings and the reasons

Record details and reasons in Section 16 as needed.

15) Provide details of any oral and/or written submissions and associated documents received from the Legal Representative and/or Patient (NOTE: These may be attached to the Record of Proceedings)

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17) Has the Patient been verbally informed of the outcome by the Tribunal, where possible and have the tribunal sent the decision to the Mental Health Commission to make available to the patient’s legal representative and the approved centre?

Yes No

If NO, please record reasons in Section 16.

18) Has the Tribunal decision been recorded on the appropriate statutory form? (i.e. Form 8 or 9)

Yes No

19) Did the tribunal consult with a consultant psychiatrist pursuant to section 18(3A) or not? If not, please set out the reasons for same.

Yes No

