

Detention details

The patient is detained subject to:

 A compulsory treatment order A compulsion order

This order will cease to authorise the detention of the patient at midnight at the end of:

 / /

The patient is subject to detention in:

Hospital

Ward / Clinic

Suspension Details

I, the RMO named on page 1, confirm that I am granting a certificate suspending the measure authorising the patient's detention in hospital. The period that the order will not authorise the patient's detention in hospital will be:

Start Time
24 hr clock : Start date
dd / mm / yyyy / / *(including associated travel where appropriate)*

End Time

 :

End date

 / /

-
- Where the patient is subject to a compulsory treatment order or a compulsion order, I confirm that the above suspension period is in line with section 127 of the Act (see notes below).

The reason(s) for suspending detention is/are:

1

Whilst the suspension applies, the patient will reside at:

-
- Home address as per page 1 of this certificate
-
-
- Other address (enter in text box opposite)

Notes

(1) the period of suspension authorised by this certificate will not exceed six months

(2) the sum of - (a) the period specified in this certificate; and
(b) the period specified in any other certificate suspending detention granted with respect to this patient's compulsory treatment order or compulsion order

will not exceed 9 months in the period of 12 months ending with the expiry of this suspension certificate.



Conditions imposed on suspension

I believe that it is necessary in the interests of the patient, or for the protection of any other person, that the following conditions apply during this suspension period -

(a) that, during the period specified in the certificate, the patient be kept in the charge of the following authorised person - (name & address of authorised person):

2	
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(b) such other conditions as I have specified below

3	
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Certification

The period granted in this certificate suspending detention authorised by a compulsory treatment order or compulsion order exceeds 28 days. As required under section 127 of the Act, I confirm that the following parties have been notified of the suspension:

- the patient
- the patient's named person
- the patient's general medical practitioner
- the patient's MHO
- the Mental Welfare Commission

Signed
by the RMO

Date
dd / mm / yyyy

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