**Template Report by the AMHP**

**\_ IN THE ………… COUNTY COURT Case No.:**

**IN THE MATTER OF S.29 MENTAL HEALTH ACT 1983**

**AND IN THE MATTER OF XXXX (D.O.B. XXXX)**

**BETWEEN:**

**Name of LSSA**

**APPLICANT**

**AND**

**NR name**

**FIRST RESPONDENT**

**AND NEAREST RELATIVE**

**AND**

**Patient name**

**SECOND RESPONDENT**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**STATEMENT OF NAME OF AMHP XX**

**APPROVED MENTAL HEALTH PRACTITIONER**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. I am **AMHP name xx**, the Approved Mental Health Practitioner (qualified 2011) allocated to **name of patient xx**. I am a Social Worker, qualified in 2007 and a BIA registered with Social Work England in 2000.
2. I make this statement in support of an application under section 29(3)(c) to displace the First Respondent as the Nearest Relative for the Second Respondent
3. NR **name of NR** is the husband of XX (patient) and therefore in accordance with S26 ((1) (b) is the patient's nearest relative.
4. The grounds for removing **name of NR** as Nearest relative are as follows:
	1. Section 29(3) (c) MHA 1983, in that **name of NR** unreasonably objects to **name of patient** being detained under section 3 MHA.

Section 5(2) the need to furnish a report and allow for an application to be made in view of a.

1. By virtue of section 26(1) (a) **name of NR**, as the **relation to patient xx**, is her/his nearest relative.
2. The grounds for removing the First respondent are as follows:
	1. Section 29(3)(c) MHA 1983, in that the nearest relative has objected unreasonably to an application for admission for treatment;
	2. Of the patient is incapable of acting as such by reason of mental disorder or other illness.
	3. The Second Respondent remains at home but at risk of self-harm due to her/his own admissions to (**risks, grounds**) e,g commit suicide and her refusal to take her prescribed medication.
3. **Name of patient historical information, eg;**

Social circumstance and grounds for displacement information.

1. **NEAREST RELATIVE**

Brief information about the NR and grounds for displacement, include reasons for the objection being unreasonable.

1. Name of LSSA believes that **Name of NR XX** should be replaced as nearest relative by ***NAME***, , name of LSSA

Signed: AMHP

Dated: