****Magistrates' Courts in South East England

**WARRANT TO SEARCH FOR AND REMOVE PERSON**

**Mental Health Act 1983. Section 135(1)**

Any queries regarding this document should be directed to the Legal Administration Team,

LAT-BedsandHerts@justice.gov.uk

**Date: [insert date]**

|  |  |
| --- | --- |
| Specify name of applicant | On this day information was laid before me the undersigned by [name of applicant] |
| Specify name of Local Authority/ agency | an officer of [state local authority] Council appointed as an Approved Mental Health Professional for the purposes of the Mental Health Act 1983. |
|  | And it appears that a person believed to be suffering from a mental disorder |
| *Optional:* name of subject | namely [insert name of subject if known] |
| Insert address of premises | is to be found on premises at [address] |
| Insert grounds for application*(delete as appropriate)* | 1. has been, or is being, ill-treated, neglected or kept otherwise than under proper control,

or b) being unable to care for himself/ herself, is living alone. |
|  | AUTHORITY IS HEREBY GIVEN under the provisions of section 135(1) of the Mental Health Act 1983 for any constable accompanied by an Approved Mental Health Professional and by a registered medical practitioner TO ENTER THE SAID PREMISES, if need be by force and, if thought fit, to remove the person named above to a place of safety as defined by Section 135(6) of the said Act with a view to the making of an application in respect of that person under Part II of the Acts or making other arrangements for her care |
| Court to insert name of JP issuing  | Signed : Justice of the Peace |

ENDORSEMENT – to be made by the constable executing the warrant

(*please delete as appropriate*)

1. This warrant was executed on
2. The person sought was found and removed to a place of safety namely:
3. No person was found
4. The name(s) of the officer(s) executing this warrant is/are

Dated:

Signature of officer executing the warrant:

Reference: OOH/MH**/[County]/[Date]/[Name of Officer]**

*Please complete with County, Date of Application, and Name of the Officer making the application.*