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| **DEPRIVATION OF LIBERTY SAFEGUARDS FORM 1b**  **REPORT OF A POTENTIAL DEPRIVATION OF LIBERTY BY A FAMILY MEMBER, FRIEND OR SUPPORTER** | | |
| **Request to the supervisory body to consider whether or not there is an unauthorised deprivation of liberty in respect of:** | | |
| Full name of person being deprived of liberty |  | Sex |
| Date of Birth (or estimated age if unknown*)* |  | |
| Usual address of the person who appears to be deprived of liberty |  | |
| **Contact details of family member, friend or supporter** | | |
| Name |  | |
| Address |  | |
| Telephone |  | |
| Email |  | |
| Name and address of the Supervisory Body where this form is being sent. |  | |

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| It appears to me that this person lacks capacity to consent to the arrangements made for the care or treatment and is subject to an unauthorised deprivation of liberty because:  Please state reasons, and where possible provide supporting documentation and information | |
| I have requested the managing authority to change the care arrangements or make a request to the supervisory body for a standard authorisation. |  |
| I I have not requested the managing authority to change the care arrangements or make a request to the supervisory body for a standard authorisation. |  |

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| **PLEASE NOW SIGN AND DATE THIS FORM** | | | |
| Signature |  | Print Name |  |
| Relationship to the relevant person |  | | |
| Date |  | Time |  |