Sender's Address

Contact Telephone Number

13 April 2016

FAO: Deprivation of Liberty Team

Norfolk County Council Adult Social Services

P.O. Box 3210

Norwich

NR7 7AB

Dear Sir / Madam

**Re:** **Insert name of resident/patient**

I am writing to you about the above-named person , who is accommodated in<< insert name and address of hospital or care home >>.

I am the person's << state your relationship or interest in the matter >>.

**On** **<< insert date >> I**  **the managing authority of** **<< insert name of hospital or care home >>. I informed them that it appeared to me that this person lacked capacity to consent to the arrangements for their care or treatment and was subject to an unauthorised deprivation of liberty. I asked them to give urgent deprivation of liberty authorisation and to request a standard authorisation, in accordance with the provisions of the Mental Capacity Act 2005.**

My reasons for believing that this person is subject to an unauthorised deprivation of liberty are that << briefly state reasons >>.

**I understand that the managing authority has not requested a standard authorisation.**

**I am therefore writing to make a formal request that you now decide whether or not this person is subject to an unauthorised deprivation of liberty.**

Thank you for your consideration of this matter.

Yours faithfully

NAME OF SENDER