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| **DEPRIVATION OF LIBERTY SAFEGUARDS FORM 9**  **STANDARD AUTHORISATION CEASED** | | | |
| Full name of the person being deprived of liberty | |  | Sex |
| Date of Birth (or estimated age if unknown) | |  | |
| **Person to contact and details of the Supervisory Body** | | | |  |
| Name |  | | |
| Address |  | | |
| Telephone |  | | |
| Email |  | | |
| Usual address of the person liable to be deprived of liberty, (if different to above) |  | | |
| Telephone Number |  | | |
| Name and address of the Managing Authority |  | | |
| Details of Care Co-ordinator/Care Manager |  | | |

A STANDARD AUTHORISATION GRANTED ON

UNTIL has **ceased** to be in force because:

Please tick the box that applies

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| It has expired. | | | |  |
| It has been reviewed and the person no longer meets the requirements for being deprived of liberty. | | | |  |
| The person has moved and a new Standard Authorisation has been granted which replaces the existing one. | | | |  |
| The person has died. | | | |  |
| The person ceased to meet the eligibility requirement at least 28 days ago. | | | |  |
| The Court of Protection has made an order that the Standard Authorisation is invalid or shall no longer have effect. | | | |  |
| It has ceased to be in force for some other reason which is: | | | |  |
| **PLEASE NOW SIGN AND DATE THIS FORM *(*to be signed on behalf of the Supervisory Body)** | | | | | |
| Signature | |  | Print Name |  | |
| Position | |  | | | |
| Date | |  | Time |  | |