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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

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| 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 |  |