

To be completed by RMO

The patient is detained subject to:

- A compulsory treatment order
- A compulsion order

This order will cease to authorise the detention of the patient at midnight at the end of:

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The patient is subject to detention in:

Hospital

[illegible]

Ward / Clinic

[illegible]

I, the RMO named on page 1, confirm that I am granting a certificate suspending the measure authorising the patient's detention in hospital. The period that the order will not authorise the patient's detention in hospital will be:

Start Time
24 hr clock

		•		
		•		

Start date
dd / mm / yyyy

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(including associated travel where appropriate)

End Time

		:		
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End date

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Note: The certificate should not be completed retrospectively.

- ☐ Where the patient is subject to a compulsory treatment order or a compulsion order, I confirm that the above suspension period is in line with section 127 of the Act (see notes below).

The reason(s) for suspending detention is/are:

Whilst the suspension applies, the patient will reside at:

- ☐ Home address as per page 1 of this certificate
- ☐ Other address (enter in text box opposite)

Notes

- (1) this certificate may specify a single period not exceeding 200 days or a series of more than one individual period falling within a particular 6 month period.
- (2) the total period of suspension of detention must not exceed 200 days within any period of 12 months (whenever counted from, and this includes all periods of suspension of detention granted across all suspension certificates)
 - a day does not count towards the total period if the suspension is 8 hours or less in that day
 - a single period of suspension of more than 8 hours and less than 24 hours, whether in one day or spanning two days counts as a whole day towards the total period
- (3) the end time/date of the suspension detailed in this certificate cannot be beyond the current time of expiry of authority to detain

CERTIFICATE OF SUSPENSION (cont)**To be completed by RMO****Conditions imposed on suspension**

I believe that it is necessary in the interests of the patient, or for the protection of any other person, that the following conditions apply during this suspension period -

(a) that, during the period specified in the certificate, the patient be kept in the charge of the following authorised person
(N.B. this section usually applies when the patient is in supported or residential accommodation)

Name and address of authorised person

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(b) such other conditions as I have specified below

Additional conditions

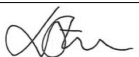
- ☐ Requiring the patient to attend on: specified or directed dates; or at specified or directed intervals, specified or directed places with a view to receiving medical treatment (including associated travel where appropriate).
- ☐ Requiring the patient to attend on: specified or directed dates; or at specified or directed intervals, specified or directed places with a view to receiving community care services, relevant services or any treatment care or service (including associated travel where appropriate).
- ☐ Requiring the patient to allow any of the following parties to visit the patient in any place where the patient resides. Those parties are: the patient's MHO, the patient's RMO, or any person responsible for providing medical treatment, community care services, relevant services or any treatment, care or services to the patient who is authorised for this purpose by the patient's RMO.

Specific requirements in relation to the above; other additional conditions**3****Certification**

The period granted in this certificate suspending detention authorised by a compulsory treatment order or compulsion order exceeds 28 days. As required under section 127 of the Act, I confirm that the following parties have been notified of the suspension:

the patient
the patient's named person (if any)
the patient's general medical practitioner
the patient's MHO
the Mental Welfare Commission

Signed
by the RMO



Date
dd / mm / yyyy

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