**The First-tier Tribunal**

**(Health, Education and Social Care Chamber)**

##### Mental Health

**To the Responsible Authority: Please complete BOTH parts of this HQ1 Form.**

**To the Patient’s Representative: Please complete case details box below and HQ1 LISTING (overleaf).**

|  |
| --- |
| **Case Number:    /      /**  **Patient:**  **Responsible Authority:**  **Hospital: Guardian:** |

|  |  |
| --- | --- |
| **Person Responsible for filling the HQ1 form – Please tick the appropriate box** | |
| Patient Solicitor |  |
| Mental Health Administrator |  |
| Nearest Relative Solicitor |  |

By law, the Responsible Authority must send to the tribunal all the documents specified in the latest Practice Direction[[1]](#footnote-1) from the Senior President of Tribunals - (“the Practice Direction”) - so that they are received as soon as practicable and in any event within 3 weeks after the Responsible Authority made the reference or received a copy of the application or reference.[[2]](#footnote-2)2

The Responsible Authority must ensure that statements and reports, including the Social Circumstances report, contain the information set out in the Practice Direction.

Please provide below the proposed location of hearing and the correct name, job description and direct [[3]](#footnote-3)3 email and postal address of all the witnesses nominated by the Responsible Authority as responsible for providing written evidence in the manner of statements or reports compliant with the Practice Direction.

If, before the written evidence is submitted to the tribunal, the identity, job or personal contact details of the relevant witness changes, please immediately provide updated information to the tribunal.

|  |  |
| --- | --- |
| Proposed Location of Hearing: | Postcode: |
| Statement of Information about Patient: | Postcode: |
| Clinician’s Report: | Postcode: |
| Nursing Report (if appropriate): | Postcode: |
| Social Circumstances Report: | Postcode: |

**I certify that the above information is correct and can be relied upon for personal and direct service by the tribunal of directions and summonses.**

**Signed on behalf of the Responsible Authority:**

**Secure email address for Responsible Authority:**

**Date:**

**The First-tier Tribunal**

**(Health, Education and Social Care Chamber)**

##### Mental Health

**HQ1 Listing**

**To the Responsible Authority and to the Patient’s Representative.**

**Please identify all dates within the listing period (specified in the Case Notification Letter (CNL1) & Directions) that are possible for you, and answer the questions below, as far as you are able to.**

**Offering availability indicates to the tribunal that you and your witnesses are available on the dates listed, and that you will ensure that your witnesses will attend in person or (if approved) by telephone or by video link.**

Parties are reminded that they have a legal duty to cooperate with the tribunal and if they fail to return this form within the time limit referred to in the Case Notification Letter (CNL1) the tribunal will assume that all dates within the period identified in the letter are convenient, and will allocate a hearing date accordingly.

**If the dates you are offering fall outside of the specified listing window, please submit a listing window extension request on a CMR1 form which can be found here;** [**https://www.justice.gov.uk/forms/hmcts**](https://www.justice.gov.uk/forms/hmcts)

**Efforts will be made to list the case on a date convenient to all parties, but this may not always be possible.**

|  |
| --- |
| Available dates (please give at least 3 full days **or** 6 half days within the listing window): |

|  |
| --- |
| Any other information that will assist the tribunal when fixing a hearing date - including days or dates when parties are definitely not available, including reasons: |

|  |  |
| --- | --- |
| If the available dates have also been given for other cases, please give their case numbers: |  |
| Having checked that all your witnesses are available on the above dates, will you be seeking prior approval for any oral evidence to be given by telephone of video link?  If so, please make a case management request on CMR1. (Note: it will be your responsibility to make all arrangements, if approved). |  |
| Will the patient or witnesses need an interpreter?  If so, please give details: |  |
| If the patient is legally aided, please will the representative confirm that an accredited member of the Law Society’s Mental Health Panel will represent the patient at the hearing: |  |

**Signed on behalf of the Responsible Authority the Patient:**

**Secure email address for the Responsible Authority the Patient's representative:**

**Date:**

**Please return this form by secure email to** [**HQ1listings@justice.gov.uk**](mailto:HQ1listings@justice.gov.uk) **- to be received by the tribunal no later than the date specified in Case Notification Letter (CNL1).**

1. <http://www.judiciary.gov.uk/wp-content/uploads/JCO/Documents/Practice+Directions/Tribunals/statements-in-mental-health-cases-hesc-28102013.pdf> [↑](#footnote-ref-1)
2. 2 This does not apply where the patient is already subject to a Conditional Discharge. [↑](#footnote-ref-2)
3. 3 If a direct secure email address cannot be provided for any named report or statement writer, a generic secure email address must be provided AND the following undertaking must be complied with:

   **“If a generic email address is given above, I undertake that any directions or summonses addressed to the named report-writer and sent to that address WILL be forwarded direct to the named person within one working day, AND that proof of this will be retained and produced to the tribunal upon request.”** [↑](#footnote-ref-3)