**Request for the assistance of An Garda Síochána in the: (Please indicate √)**

**Removal of a Person to an Approved Centre**

**(Mental Health Act 2001, section 13(3))**

**Or**

**Return of a Patient to an Approved Centre**

**(Mental Health Act 2001, section 27(1))**

**Person/Patient Details**

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DOB:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Clinical Director**

Name:

Address:

Address:

Address:

Dear Superintendent,

On foot of receiving a recommendation for the involuntary admission of **(Name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** in accordance with the provisions of the Mental Health Act, 2001 and following discussion between **(Dr.\_\_\_\_\_\_\_\_\_\_\_\_\_)**, Registered Medical Practitioner and myself we have arrived at the conclusion that there is a risk of serious and immediate harm to the above named person or others.

**Or**

**(Name)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** is absent without leave from the Approved Centre in accordance with the provisions of the Mental Health Act, 2001. I have arrived at the conclusion that there is a risk of serious and immediate harm to the above named patient or others.

Therefore I am seeking the assistance of An Garda Síochána to remove/return **(Name)\_\_\_\_\_\_\_\_\_\_\_\_**to (**name of approved centre**)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Yours sincerely,

**Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**E-mail Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Removal of a Person to an Approved Centre (MHA Section 13)**

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**Return of a Patient (including a child) to an Approved Centre (MHA Section 27)**

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