Form G10 *Regulation 14(2)(a) and (b)* **Mental Health Act 1983**

Section 21B – authority for guardianship after absence without leave for more than 28 days

PART 1

(To be completed by the responsible clinician or nominated medical attendant)

To (*name of guardian*)

(name of responsible local social services authority if it is not the guardian)

I examined (*PRINT full name and address of patient*)

on

/ / (*date of examination*)

who:

(a) was absent without leave from the place where the patient is required to reside beginning on

/ / (*date absence without leave began*);

(b) was / is* subject to guardianship for a period ending on *(* delete phrase which does not apply)*

/ / (*date authority for guardianship would have expired, apart from any extension under section 21, or date on which it will expire*); and

(c) returned to that place on

/ / (*date*)

In my opinion,

(a) this patient is suffering from mental disorder of a nature or degree which warrants the patient's reception into guardianship under the Act,

AND

(b) it is necessary

(i) in the interests of the welfare of the patient

(ii) for the protection of other persons

(delete (i) or (ii) unless both apply)

that the patient should remain under guardianship under the Act.

My reasons for these opinions are:

(Your reasons should cover both (a) and (b) above. As part of them: describe the patient's symptoms and behaviour and explain how those symptoms and behaviour lead you to your opinion; and explain why the patient cannot appropriately be cared for without powers of guardianship.)

(If you need to continue on a separate sheet please indicate here ( ) and attach that sheet to this form)

The authority for the guardianship of the patient is / is not* due to expire within a period of two months beginning with the date on which this report is to be furnished. (* *Delete the phrase which does not apply*)

Complete the following only if the authority for guardianship is due to expire within that period of two months.

This report shall / shall not* have effect as a report duly furnished under section 20(6) for the renewal of the authority for the guardianship of the patient. (* *Delete the phrase which does not apply*)

Signed

* Responsible clinician

* Nominated medical attendant

(Delete whichever does not apply)*

PRINT NAME

Date

/ /

PART 2

(To be completed on behalf of the responsible local social services authority)

This report was received by me on behalf of the local social services authority on

/ / (*date*)

Signed

on behalf of the local social services authority

PRINT NAME

Date

/ /