# Form G9 - Regulation 13(4) and (5) Mental Health Act 1983

## Section 20 — Renewal of authority for guardianship

### 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].

The patient is subject to guardianship for a period ending on [date authority for guardianship is due to expire].

In my opinion,

1. this patient is suffering from mental disorder of a nature or degree which warrants the patient’s reception into guardianship under the Act,

AND

1. it is necessary
2. in the interests of the welfare of the patient
3. 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]

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

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Mental Health

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