

Signed:

Print Name:

Date:

Legal Representative's details

Lawyer's name

Address

Telephone/email

I confirm that I have advised my client of her his rights under the
Mental Health (Jersey) Law 2016

Capacity & Self-Determination (Jersey) Law 2016

and that I am satisfied:

that they have capacity to make this application and does so without coercion or
undue influence and with knowledge of his/her legal rights

OR

that they do not have capacity to provide me with instructions, I have been
appointed by the Tribunal to act in their best interests, and I am satisfied that it
is in their best interests to withdraw the application

Signed:

Print Name:

Date:

Data Protection information

The Tribunal is a data controller under the Data Protection (Jersey) Law 2018 and we process your information (including the information on this form) to deal with your appeal to the Tribunal. For more information about how the Tribunal uses your information, please see our full privacy notice on <https://www.courts.je/judicial-greffe/judicial-greffe-privacy-policy/>