To the Manager

NAME OF CARE HOME/HOSPITAL

ADDRESS OF CARE HOME/HOSPITAL

YOUR NAME

YOUR ADDRESS

DATE

Dear [NAME]

I am writing to you in respect of my *[mother/father/son/daughter/brother/sister/family friend, etc].* *He/she is/has[insert here a summary of their diagnosis/disabilities],* and as a result lacks the capacity to make decisions concerning *his/her* place of residence.

I believe that [NAME]’s care regime amounts to deprivation of her liberty as defined in the Supreme Court’s judgment in the ‘Cheshire West case’ (*P v Cheshire West & Chester Council [2014] UKSC 19*) because [NAME] is under continuous supervision and control and not free to leave. My reasons for believing this are:

* [SET OUT YOUR REASONS HERE. EXAMPLES ARE GIVEN BELOW]
* [X receives a 24-hour care package and is not free to leave his/her placement]
* [It is considered X’s best interests not to be permitted to leave his/her placement without carers accompanying him/her. This is because X is considered to be at risk from [traffic/exploitation by others/other]]
* [X’s property is locked in order to prevent X from leaving unaccompanied]
* [other – add to/amend/delete the above examples as appropriate]

In the circumstances, I request confirmation that a standard authorisation is currently in place to authorise this deprivation of liberty. If there is not, I request that such an authorisation be put in place immediately, and that I be notified as soon as this is done.

Please note that failure to respond to this request within a reasonable time, and within no more than seven days, will result in a request being made to [INSERT NAME OF LOCAL COUNCIL], as Supervisory Body, to decide whether there has been an unauthorised deprivation of liberty, in accordance with paragraph 68 of Schedule A1 of the Mental Capacity Act 2005.

I look forward to receiving your response **by 4pm on [insert date 7 days from date sent]**

Yours sincerely

*[Signature]*

*[Print name]*