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| Case ID Number: | |
| DEPRIVATION OF LIBERTY SAFEGUARDS FORM 9 | |
| STANDARD AUTHORISATION CEASED | |
| Full name of the person being deprived of liberty | |
| Name and address of the care home or hospital where the person is being deprived of liberty | |
| The Standard Authorisation which became effective on | <input style="width: 100%;" type="text"/> |
| and with a planned expiry date of | <input style="width: 100%;" type="text"/> |
| has ceased to be in force from | <input style="width: 100%;" type="text"/> |
| for the following reason: | <i>Please tick the box that applies</i> |
| It has expired | <input type="checkbox"/> |
| It has been reviewed and the person no longer meets the requirements for being deprived of liberty | <input type="checkbox"/> |
| The person has moved and a new Standard Authorisation has been granted which replaces the existing one | <input type="checkbox"/> |
| The person has died | <input type="checkbox"/> |
| The Standard Authorisation was suspended more than 28 days ago because the Managing Authority gave the Supervisory Body notice that the person ceased to meet the eligibility requirement. | <input type="checkbox"/> |
| The Court of Protection has made an order that the Standard Authorisation is invalid or shall no longer have effect | <input type="checkbox"/> |
| It has ceased to be in force for some other reason which is: | <input type="checkbox"/> |
| Signed (<i>on behalf of the Managing Authority</i>) | |
| Print Name | |
| Dated | |

Section below to be completed by the Supervisory Body only

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|---|--|
| Signed (<i>on behalf of the Supervisory Body</i>) | |
| Print Name | |
| Dated | |