

Case ID Number:		
DEPRIVATION OF LIBERTY SAFEGUARDS FORM 8 TERMINATION OF APPOINTMENT AS REPRESENTATIVE		
Full name of person being deprived of liberty		
Name and address of representative previously appointed for the person	Name	
	Address	
Name and address of the care home or hospital where the person is being deprived of liberty	Name	
	Address	
Name of the Supervisory Body		
Person to contact at Supervisory Body	Name	
	Telephone	
	Email	
Your appointment as the person's representative is to terminate on:		
<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 150px; height: 25px; margin-right: 20px;"></div> because: </div> <p style="text-align: right;"><i>(place a cross in one box)</i></p>		
1	The Standard Authorisation will expire on that date.	
2	The person selected you to be their representative and they have informed the Supervisory Body that they now object to you continuing to be their representative.	
3	A donee of a Lasting Power of Attorney or Personal Welfare Deputy appointed by the Court of Protection who selected you has now informed the Supervisory Body that they now object to you continuing to be the person's representative.	
4	The Supervisory Body is satisfied that you are not maintaining sufficient contact with the person in order to support and represent them.	
5	The Supervisory Body is satisfied that you are no longer eligible, or were not eligible at the time the appointment was made.	
6	You are no longer willing to act as the person's representative	
7	The Supervisory Body is satisfied that you are not acting in the best interests of the person	
8	The Supervisory Body have been notified of the death of the person's representative	

The Supervisory Body's reasons:

If your appointment is to be terminated on points 4 or 5 on Page 1, the Supervisory Body's reasons for deciding that particular ground applies are as follows:

If you wish to make any representations as to why your appointment should not terminate on this date then please make them to the Supervisory Body before:

If no such representations are received this will then constitute notice of termination from the date stated on page 1.

Signed (on behalf of the Supervisory Body)	Name	
	Print Name	
	Date	