|  |  |  |
| --- | --- | --- |
| **Substance Addiction (Compulsory Assessment and Treatment) Act 2017 Note**: All section references are to the Substance Addiction (Compulsory and Treatment) Act 2017 | |  |
| **Request from Area Director for Warrant under S107(2)** (Section 107(2)) | | |
| To the District Court/Family Court/Registrar at: | [court name] | |
| I, [applicant name], Area Director for [location] am applying for a warrant under section 107(2) of the Act to authorise any constable to take the person or patient named in this application to the place specified in the warrant on the grounds that:  1 the person (named in this application) has failed to attend the place (named in this application) for a specialist assessment in accordance with a notice given under section 19(2)(c) of the Act  *Or\**  2 the person (named in this application) is a patient described in section 106(1) of the Act and has:  a. failed to attend at the place specified below in a notice given under section 30(3)(a) for the purpose of admission to a treatment centre; or  b. failed to return to the treatment centre on or before the expiry of a permitted period of absence granted under section 39 or fails to comply with a condition of the permission; or  c. absents himself or herself from a treatment centre otherwise than in accordance with the Act.  *\* Tick the box for the paragraph that applies for this warrant application.* | | |
| **Brief explanation of situation** | | |
|  | | |
| [Brief explanation] | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Place of Assessment / Treatment centre** | | | | | |
| Address |  | Postcode | | | | |
|  |  |  |  |  |  | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Name and contact details of person or patient to whom this application relates** | | | | | | | |
| Last name |  | First name | | | | | |
|  |  |  | | | | | |
| Address | | |  | Postcode | | | | |
|  | | |  |  |  |  |  | |

|  |
| --- |
| **Name of person’s responsible clinician or medical practitioner** |
|  |
|  |

|  |
| --- |
| **Signature of Area Director** |

Signature Date

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | |  |  |  | |  |  |  |  |  |  |
| **Substance Addiction (Compulsory Assessment and Treatment) Act 2017 Note**: All section references are to the Substance Addiction (Compulsory and Treatment) Act 2017 | | | | |  | | | | | | |
| **Request for Constable for Warrant under S107(3)** (Section 107(3)) | | | | | | | | | | | |
| To the District Court/Family Court/Registrar at: | [court name] | | | | | | | | | | |
| I, [applicant name], Constable [details of constable] am applying for a warrant under section 107(3) of the Act for the purposes of section 105(2) or 106(2) of the Act to:  1 enter the premises (named in this application) where the person or patient is and to take the person or patient for the purposes of a specialist assessment at the place (named in this application) (section 105(2))  *Or\**  2 enter the premises (named in this application) to apprehend the patient (named in this application) to take the patient to the treatment centre (named in this application) (section 106(2))  *\* Tick the box for the paragraph that applies for this warrant application.* | | | | | | | | | | | |
| **Brief explanation of situation** | | | | | | | | | | | |
|  | | | | | | | | | | | |
| [Brief explanation] | | | | | | | | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Place of Assessment / Treatment centre** | | | | | |
| Address |  | Postcode | | | | |
|  |  |  |  |  |  | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Name and contact details of person or patient to whom this application relates** | | | | | | | |
| Last name |  | First name | | | | | |
|  |  |  | | | | | |
| Address | | |  | Postcode | | | | |
|  | | |  |  |  |  |  | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Address of premises to be entered** | | | | | |
| Address |  | Postcode | | | | |
|  |  |  |  |  |  | |

|  |
| --- |
| **Name of person’s responsible clinician or medical practitioner** |
|  |
|  |

|  |
| --- |
| **Signature of constable** |

Signature Date

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |