**Appendix 2**

LEGAL ADVICE REQUEST

**The Legal Department does not have access to ISSIS/LAS/LiquidLogic, CERMS or ECPA. Please attach relevant documents when you email this form to us at**  [adlegaladvice@lancashire.gov.uk](mailto:adlegaladvice@lancashire.gov.uk)

**Please note that legal advice should only be sought after consultation with your manager/Advanced Practitioner unless your query is urgent and requires an immediate response.**

|  |  |
| --- | --- |
| *Name: Telephone: Email:*  *Team:* | *Manager:*  *Manager's Telephone: Manager's Email:* |
| Date: | |

**QUERY TYPE** (E.g. Mental Capacity/ Deprivation of liberty/ Residential dispute/ Restrictive practices/ Mental Health/ Ordinary Residence/ Local Authority Funding/ Financial dispute)

**Has legal advice been sought previously in relation to this SU? If yes, who provided the advice and when?**

|  |  |
| --- | --- |
| **Service User's Name** |  |
| **SU Number and NHS Number (if known)** |  |
| **SU date of birth** |  |
| **SU address** |  |
| **In what type of accommodation is SU living?**  E.g. Own home/ Residential care home/ Supported living/ Hospital |  |
| **If SU in residential care:**   1. **What date did SU move there?** 2. **Is SU self-funding?** 3. **Is the care home a Local Authority care home or private care home?** | 1.  2.  3. |

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| --- | --- |
| **If SU currently in hospital:**   1. **When was SU admitted to hospital?** 2. **Why was SU admitted?** 3. **Is there a provisional discharge date?** | 1.  2.  3. |
| **Is SU subject to s117 aftercare?** |  |
| **Does SU have mental capacity?**  Yes/No/Fluctuating  **Please attach the most recent capacity assessment.**  If no capacity assessment available, why not? |  |
| **Does the SU have a Lasting Power of Attorney or a Court Appointed Deputy?**  If yes, please give details or attach document if available. |  |
| **Has the SU got an appointee?**  If yes, please provide details. |  |
| **Has a Best Interests/ MDT meeting been held?**  **If yes, when?**  **Please attach minutes**. |  |
| **Details of relevant family members** |  |
| **Other relevant documents attached** (such as: current care plan, overview assessment, OT assessment, DOLS Forms, Restrictive Practices documents, Medical reports, Financial assessment, or anything else you feel is relevant to the issue) |  |

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| **BACKGROUND:** |
| **LEGAL QUERY:** |