

APPLICATION FOR VARIATION OR REVOCATION OF A FORENSIC COMMUNITY TREATMENT ORDER

Mental Health Act 2007, Section 65



FACILITY:.....

CONTACT PERSON:.....

PHONE:..... FAX:.....

On a Forensic Community Treatment Order was made in relation
(insert date FCTO made)

to.....
(insert patient's name)

I..... being:

- The person for whom the order was made
- A medical officer authorised by Justice Health
- The psychiatric case manager for the affected person
- A person who could have made the initial application
 - A medical practitioner who is familiar with the clinical history of the affected person
 - A director of community treatment of a mental health facility who is familiar with the clinical history of the affected person
 - A designated carer, or the principal care provider, of the affected person

Do hereby apply for the order to be:

- Varied
- Revoked

For the following reasons:

.....
.....
.....

If variation to a new treating team please complete the following:

The has agreed
(INSERT NAME OF RECEIVING MENTAL HEALTH FACILITY)
to implement a varied order in respect of this client and has submitted the attached treatment plan.

The new case manager will be:.....

Tel:..... Fax:.....

NAME OF APPLICANT:.....

SIGNATURE:..... DATE:.....

Please send this application with a copy of the proposed new Treatment Plan to the Tribunal by:

Fax: 9879 6811 or Email: mhrtforensic@doh.health.nsw.gov.au