

# Notice of Revocation of Forensic Community Treatment Order

*S12(4) Mental Health (Forensic Provisions) Regulations 2009*

Notice to: Principal Forensic Officer, Mental Health Review Tribunal

Fax: (02) 9879 6811

**FACILITY:**.....

**CONTACT PERSON:**.....

**PHONE:**.....

**FAX:**.....

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On ..... a Forensic Community Treatment Order was made in relation

*(insert date FCTO made)*

to.....

*(insert patient's name)*

I..... being:

- A medical officer authorised by Justice Health
- A director of community treatment

*(please circle whichever is applicable, and delete other options that are not applicable)*

Do hereby **revoke** the order for the following reasons:

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.....  
.....

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**Note:**

Notice must be given to the Tribunal within **7 working days** when a medical officer authorised by Justice Health or a director of community treatment revokes a Forensic Community Treatment Order.