

MHRT Use Only - **Details of Hearing:**

Day: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Time: \_\_\_\_\_ a.m./ p.m.

Hearing Room: 1 / 2 / 3

Type: Live / Video / Phone

# Hearing Application Form

Civil Jurisdiction – Mental Health Act 2007 (updated 24 August 2017)

Fax completed form to: (02) 9817 4543, or

Email to: [mhrtcivil@doh.health.nsw.gov.au](mailto:mhrtcivil@doh.health.nsw.gov.au)



**Client Details:**

MHRT File No.: C .....

Surname: ..... Given Names: .....

Date of Birth: ..... Sex:  Male  Female

Country of Birth: ..... Interpreter:  No  Yes – Language: .....

Aboriginal or Torres Strait Islander:  No  Yes MRN: .....

Address: .....

Phone: Home: ..... Work/Mobile: .....

**Current Order:**  MHRT  Magistrate  None **Date Detained:** .....

Involuntary Patient  Voluntary Patient  CTO **Expiry Date:** .....

**Date made Involuntary Patient.** ..... Mental Health Facility: .....

**Application Type:** Please refer to the relevant section/s of the hearing kit regarding requirements for the hearing.

- Mental Health Inquiry – Sec 34
- Appeal Against Authorised Medical Officer's Refusal to Discharge – Sec 44
- Review of Involuntary Patient Order - Sec 37(1)(a)
- Review of Involuntary Patient Order – Sec 37(1)(b) – 3 monthly within first 12 months of being made an involuntary patient
- Review of Involuntary Patient Order – Sec 37(1)(c) – after first 12 months of being made an involuntary patient
- Review of Voluntary Patient Order – Sec 9
- Appeal Against Magistrates CTO – Sec 67(2) – **Please attach copy of Magistrates Order**
- Review of Detained Person on CTO – Sec 63
- ECT Administration Inquiry – Invol Patient – Sec 94(2)  ECT Consent Inquiry – Vol Patient – Sec 93(3)
- ECT Person under 16 years– Invol Patient Sec 94(2A)  ECT Person under 16 years– Vol Patient Sec 94(2A)
- Consent to Surgery – Sec 101(1)  Consent to Special Medical Treatment – Sec 103
- Application for a Financial Management Order – Sec 46 (NSW Trustee and Guardian Act, 2009)
- Review of Interim Financial Management Order – Sec 48 (NSW Trustee and Guardian Act, 2009)

Community Treatment Order – Sec 51 – **Please complete all fields and attach copy of Magistrates Order if applicable**

**Applicant:** ..... **Position:** ..... **Contact Number:** .....

Please Select:  Authorised Medical Officer  Medical Practitioner  Designated Carer/Principal Care Provider  
 Director of Community Treatment  Deputy Director of Community Treatment (under delegation)

**Note:** The applicant must be an Authorised Medical Officer of a Mental Health Facility in which the client is detained or is a patient; a Medical Practitioner who is familiar with the client's clinical condition; a Director of Community Treatment (or a Deputy Director under appropriate delegation) who is familiar with the client's clinical condition; or the designated carer/principal care provider of the client.

**Declared Community Mental Health Facility:** .....

**Proposed Venue & Address:** .....

**Date/Time Preferred:** .....

**Hearing Type:**  Live  Video - IP/ISDN number: .....  Phone: .....

**Mental Health Facility Contact:** ..... Case Manager/Doctor/Tribunal Liaison Clerk

**Ph:** ..... **Mobile:** ..... **Fax:** .....

Additional Information:

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

M.H.R.T. Use Only

**Notice to be served by:**

In person/faxed to client: \_\_\_\_/\_\_\_\_/\_\_\_\_

Posted to Client: \_\_\_\_/\_\_\_\_/\_\_\_\_

Applicant advised:  No  Yes

M.H.R.T. Use Only

**M.H.A.S Required:**  No  Yes

**Security Required:**  No  Yes

**Booking:**  Confirmed  Via Msg

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Initials: \_\_\_\_\_