



Health

SURNAME

MRN

OTHER NAMES

MALE FEMALE

Facility:

D.O.B. ____ / ____ / ____

M.O.

ADDRESS

NOTICE TO MENTAL HEALTH REVIEW TRIBUNAL OF DECISION TO REVOKE OR NOT APPLY FOR A FURTHER COMMUNITY TREATMENT ORDER

LOCATION

COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE

NSW MINISTRY OF HEALTH

**MENTAL HEALTH ACT 2007
SECTION 66(3)**

**NOTICE TO MENTAL HEALTH REVIEW TRIBUNAL OF
DECISION TO REVOKE OR NOT APPLY FOR A FURTHER
COMMUNITY TREATMENT ORDER**

To: Mental Health Review Tribunal
Attention: The Registrar
Fax: 9817 4543

I, as Director of Community Treatment, give notice
(Insert Director's name)

that the Community Treatment Order in relation to

..... of
(Name of person)

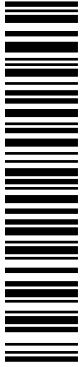
.....
(address of person)

(tick one)

will be revoked as of/...../.....;
(date)

will expire on/...../.....and no application will be made for further order at that time.
(date)

Signature _____ Date ____ / ____ / ____



SMR025114

Holes Punched as per AS2828.1: 2012
BINDING MARGIN - NO WRITING

**NOTICE TO MHRT OF DECISION TO REVOKE
OR NOT APPLY FOR A FURTHER CTO**

SMR025.114

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