

# SELF REPORT FORM



Mental Health  
Review Tribunal

***Do you have a Tribunal hearing coming up?***

***Do you have anything you want to say at the hearing?***

The Mental Health Review Tribunal conducts hearings for people receiving treatment under the *Mental Health Act 2007*. The Tribunal wants to know what you think about your treatment and your views about the hearing. You can attend the hearing and speak directly to the Tribunal. If you want to, you can also fill out this form and send or give it to the Tribunal. The Tribunal will use this information in making its decision.

- **You do not have to fill out this form and should only use it if you want to.**
- **If you have a designated carer or principal care provider, support person or a solicitor you can ask them to help you fill out this form**
- **The Tribunal will not use this form when making its decision if you change your mind and you or your lawyer says at the hearing that you do not wish the Tribunal to consider what you have said in it.**

<b>Your Name:</b>		
<b>Your Address:</b>		
<b>Your Date of Birth:</b>		<b>Date of Hearing:</b>
<b>Below are some suggestions of what you might like to tell the Tribunal</b> <ul style="list-style-type: none"><li>• How you feel about the order that is being sought by your treating team?</li><li>• What end result would you like to see from the Tribunal hearing?</li><li>• Any comments about your care and treatment?</li></ul>		

**You may also like to comment on the following. These are only suggestions**

• Anything you would like to discuss at the hearing that would help you in your current situation?

• Would you like to tell the Tribunal your plans for the future?

• Any comments about progress you have made with your mental health recovery?

• Anything else that you think will assist the Tribunal to make its decision.

**Your Signature:**

**Date:**

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**Thank you for completing this form.**

**You can bring it with you to the hearing or send it to the Tribunal by:**

**Post to:** Mental Health Review Tribunal, PO Box 2019, BORONIA PARK NSW 2111

**Fax to:** (02) 9817 4543

**Email to:** mhrt@doh.nsw.gov.au