

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 14 Sept 2015)
 Fax completed form to: (02) 9817 4543, or
 Email to: mhrtcivil@doh.health.nsw.gov.au



<p>Client Details:</p> <p>Surname: Given Names:</p> <p>Date of Birth:/...../..... Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female</p> <p>Country of Birth: Interpreter: <input type="checkbox"/> No <input type="checkbox"/> Yes – Language:</p> <p>Aboriginal or Torres Strait Islander: <input type="checkbox"/> No <input type="checkbox"/> Yes MRN:</p> <p>Address:</p> <p>Phone: Home: Work/Mobile:</p>	<p>MHRT File No.: C</p>
<p>Current Order: <input type="checkbox"/> MHRT <input type="checkbox"/> Magistrate <input type="checkbox"/> None Date Detained:/...../.....</p> <p><input type="checkbox"/> Involuntary Patient <input type="checkbox"/> Voluntary Patient <input type="checkbox"/> CTO Expiry Date:/...../.....</p> <p>Date made Involuntary Patient:/...../..... Mental Health Facility:</p>	

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 or principal care provider of the client.

Declared Community Mental Health Facility:

Proposed Venue & Address: **Date/Time Preferred:**a.m./p.m.

Hearing Type: Live Video - ISDN number: Phone – number:

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

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

<p>Additional Information:</p> <p>.....</p> <p>.....</p> <p>.....</p>	<p><i>M.H.R.T. Use Only</i></p> <p>Notice to be served by:</p> <p>In person/faxed to client: ____/____/____</p> <p>Posted to Client: ____/____/____</p> <p>Applicant advised: <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p><i>M.H.R.T. Use Only</i></p> <p>M.H.A.S Required: <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Security Required: <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Booking: <input type="checkbox"/> Confirmed <input type="checkbox"/> Via Msg</p> <p>Date: ____/____/____ Initials: _____</p>
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