APPLICATION FOR VARIATION OR REVOCATION OF A COMMUNITY TREATMENT ORDER

Mental Health Review Tribunal

Mental Health Act 2007, Section 65

MENTAL HEALTH FACILITY: .....
(NAME OF CURRENT MENTAL HEALTH FACILITY)

CONTACT PERSON: .....

TELEPHONE: ..... ***FAX:*** ……..

ON: ……
(DATE CTO WAS MADE)

A COMMUNITY TREATMENT ORDER

WAS MADE IN RELATION TO: .....
(NAME OF AFFECTED PERSON)

PLEASE PROVIDE DETAILS:

1 *HOSPITAL MRN :* .....
2 *COUNTRY OF BIRTH:* .....
3 *DATE OF BIRTH:* .....

BY:

PLEASE CIRCLE WHICHEVER IS APPLICABLE AND DELETE WHICHEVER IS NOT APPLICABLE

- *THE MENTAL HEALTH REVIEW TRIBUNAL*
- *A MAGISTRATE (PLEASE ATTACH COPY OF ORDER)*

I, ..., ***BEING***
(NAME OF APPLICANT)

PLEASE CIRCLE WHICHEVER IS APPLICABLE AND DELETE WHICHEVER IS NOT APPLICABLE

- *THE PERSON FOR WHOM THE ORDER WAS MADE*
- *THE CASE MANAGER IMPLEMENTING THE ORDER AT CURRENT MENTAL HEALTH FACILITY*
- *A PERSON WHO COULD HAVE APPLIED FOR THE ORDER (refer s51(2))*

DO HEREBY APPLY FOR THE ORDER TO BE : *(PLEASE CIRCLE AND PROVIDE BRIEF REASONS FOR THE APPLICATION)*

- *REVOKED*
- *VARIED (IF VARIED, COMPLETE ALL DETAILS IN BOX BELOW)*

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The ..... has agreed
(INSERT NAME OF RECEIVING MENTAL HEALTH FACILITY)

to implement a varied order in respect of this client and has submitted the attached treatment plan.

The new case manager will be:..... Tel:..... Fax:.....

NAME OF APPLICANT:..... SIGNATURE:.....
DATE:.....

Please fax this application with a copy of the proposed new Treatment Plan to the Tribunal on ***9817 4543.***
If the current CTO was made by a Magistrate then a copy of that Order *and Treatment Plan should also be faxed.*