



Mental Health  
Review Tribunal

MHRT No: \_\_\_\_\_  
Date Reg'd: \_\_\_\_\_

## Application for a Community Treatment Order Under Section 51 of the Mental Health Act 2007

A CTO is a legal order made by the Mental Health Review Tribunal or by a Magistrate. It sets out the terms under which a person must accept medication and therapy, counselling, management, rehabilitation and other services while living in the community. It is implemented by a mental health facility that has developed an appropriate treatment plan for the individual person. CTOs can be made for any period of time up to twelve months. It is possible for a person to have more than one consecutive CTO.

A CTO authorises compulsory care for a person living in the community. If a person breaches a Community Treatment Order, by not complying with the conditions of the Order, the person may be taken to a mental health facility and given appropriate treatment, including medication.

To book a hearing for an application please complete and fax a Hearing Application Form to the Tribunal. These forms are available from the Tribunal's website [www.mhrt.nsw.gov.au](http://www.mhrt.nsw.gov.au) or by phoning 9816 5955.

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### DETAILS OF THE PERSON THE APPLICATION IS ABOUT

NAME: Mr/Mrs/Ms/Miss/Dr \_\_\_\_\_  
*Given names* *Family name*

ADDRESS: \_\_\_\_\_

TELEPHONE: (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
*Daytime* *After hours* *Fax*

DATE OF BIRTH: \_\_\_\_\_ COUNTRY OF BIRTH \_\_\_\_\_

MALE  FEMALE MRN NO: \_\_\_\_\_

### CURRENT ORDER:

Involuntary Patient  Community Treatment Order  None

Tribunal  Magistrate (please attach a copy of order) Expiry date: \_\_\_\_\_

### NOTICE OF APPLICATION:

The applicant must notify the affected person in writing of the application and include a copy of the proposed treatment plan. If the application is for a person who is not on a current Community Treatment Order nor detained in a mental health facility, then the application cannot be heard by the Tribunal earlier than 14 days after the notice is given.

DATE OF SERVICE: \_\_\_\_\_ HOW SERVED: \_\_\_\_\_

### DETAILS OF THE PERSON MAKING THE APPLICATION

NAME: Mr/Mrs/Ms/Miss/Dr \_\_\_\_\_  
*Given names* *Family name*

ADDRESS: \_\_\_\_\_

TELEPHONE: (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
*Daytime* *After hours* *Fax*

RELATIONSHIP (eg case worker, psychiatrist): \_\_\_\_\_

**CLINICAL DETAILS:**

**Number of admissions to mental health facilities:** \_\_\_\_\_

**Date of first admission:** \_\_\_\_\_

**Date Discharged:** \_\_\_\_\_

**Date of last admission:** \_\_\_\_\_

**Date Discharged:** \_\_\_\_\_

**REASON FOR APPLICATION:**

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**DOES THE CLIENT SUPPORT THE APPLICATION:**     YES                       NO

**Please indicate reasons why and any problems with the CTO identified by the patient:**

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**BACKGROUND INFORMATION:**

**SHORT HISTORY OF THE PERSON'S ILLNESS:**

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**CURRENT MEDICATION AND ANY CHANGES TO MEDICATION DURING LAST 6 MONTHS:**

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**ANY OTHER CONDITIONS AND THEIR TREATMENT (e.g. substance abuse, developmental disability, psychosocial issues)**

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**EFFICACY OF COMMUNITY TREATMENT ORDER OVER THE PERIOD OF THE ORDER (if applicable)**

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**ANY DIFFICULTIES IN ASSISTING THE CLIENT DURING THE CURRENT ORDER:**

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**FAMILY AND COMMUNITY SUPPORT (include problems of non support if applicable)**

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**PLANS FOR PERSON DURING THE PROPOSED ORDER (include: follow-up, habilitation, substance abuse issues and psycho-education)**

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