

IN-PERSON HEARING APPLICATION



APPLICATION FOR CLIENT TO ATTEND ON SITE AT THE MENTAL HEALTH REVIEW TRIBUNAL

CLIENT NAME:

CLIENT MHRT NO:

MATTER:

FACILITY:

I am seeking approval for my client to attend the Tribunal premises for the above matter. Please note the details below in support of this application.

APPLICANT NAME:

RELATIONSHIP:

APPLICANT EMAIL:

APPLICANT MOBILE:

1. Why do you feel that your client needs to attend on site?

2. Does your client have any history of aggression?

Yes

No

Details of aggressive behaviours:

3. Is there potential for aggressive or challenging behaviour to occur at the hearing?

Yes

No

If yes, please describe the behaviours:

4. Are security arrangements put in place when your client attends the Healthcare Agency for treatment?

Yes

No

Details of security arrangements:

5. Would you recommend that security be engaged for this hearing?

Yes

No

6. Do you or the case manager intend to be on site with your client?

Yes

No

7. Will your client be arriving escorted or alone? If escorted, who will be traveling with your client?

MHRT ONLY

Approved Name/Title: _____

Not Approved Signature: _____

Hearing room: _____ Date: _____ Time: _____