



APPLICATION FOR VARIATION OR REVOCATION OF A FORENSIC COMMUNITY TREATMENT ORDER

Section 65, Mental Health Act 2007

FACILITY:

CONTACT PERSON:

PHONE: EMAIL:

On a Forensic Community Treatment Order was made in relation
(insert date FCTO made)

to
(insert patient's name)

I being:

- The person for whom the order was made
- A medical officer authorised by Justice Health
- The psychiatric case manager for the affected person
- A person who could have made the initial application
 - A medical practitioner who is familiar with the clinical history of the affected person
 - A director of community treatment of a mental health facility who is familiar with the clinical history of the affected person
 - A designated carer, or the principal care provider, of the affected person

Do hereby apply for the order to be:

- Varied
- Revoked

For the following reasons:

.....
.....
.....

If variation to a new treating team please complete the following:

The has agreed
(Insert name of receiving treating team)

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

The new case manager will be:

Tel: Email:

NAME OF APPLICANT:

SIGNATURE: DATE:

Please send this application with a copy of the proposed new Treatment Plan to the Tribunal.

Email: MHRT-Forensic@health.nsw.gov.au