

APPLICATION FOR A COMMUNITY TREATMENT ORDER

Under section 99 of the *Mental Health and Cognitive Impairment Forensic Provisions Act 2020* for a forensic patient, correctional patient or inmate in a correctional centre or detention centre

A Community Treatment Order made under section 99 of the *Mental Health and Cognitive Impairment Forensic Provisions Act 2020* is known as a **Forensic Community Treatment Order** (FCTO). A FCTO is a legal order made by the Mental Health Review Tribunal that authorises compulsory care set out in the treatment plan. The treatment plan outlines the terms under which a person must accept medication, therapy, counselling, management, rehabilitation and other services. The treatment plan is usually developed and implemented by Justice Health and the Forensic Mental Health Network. The FCTO continues if the person is released from a correctional centre or detention centre. If a person breaches a FCTO 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. For more information, refer to the Tribunal's [Practice Direction on Correctional Patients and Forensic CTOs](#).

DETAILS OF THE CLIENT

NAME:

ADDRESS:

TELEPHONE:

DATE OF BIRTH:

COUNTRY OF BIRTH:

MALE

FEMALE

Aboriginal or TSI

MIN:

CURRENT STATUS:

Inmate in a correctional centre or detention centre

Forensic Patient

Inmate subject to transfer order

Correctional Patient

FCTO HISTORY

Current FCTO - Expiry date:

Previous FCTO or CTO

No history with FCTO or CTO

DETAILS OF THE APPLICANT

NAME:

ADDRESS:

TELEPHONE:

EMAIL:

RELATIONSHIP (eg medical officer, psychiatrist) :

HOW LONG DO YOU WANT THE FCTO TO BE FOR? (max 12 months):

REASON FOR APPLICATION:

DOES THE CLIENT SUPPORT THE APPLICATION: YES NO

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

BACKGROUND INFORMATION

CLINICAL DETAILS:

Number of admissions to mental health facilities:

Date of first admission:

Date Discharged:

Date of last admission:

Date Discharged:

SHORT HISTORY OF THE PERSON'S ILLNESS:

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

ANY OTHER CONDITIONS AND THEIR TREATMENT *(e.g. substance abuse, cognitive impairment)*

EFFICACY OF CURRENT FORENSIC COMMUNITY TREATMENT ORDER *(if applicable)*

ANY DIFFICULTIES IN ASSISTING THE CLIENT DURING THE CURRENT ORDER *(if applicable)*

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

OTHER PEOPLE INVOLVED

Please provide the details of the designated carer(s), principal care provider and any other people who may be able to give information to the Tribunal about the application eg. close friends, relatives, or other involved professionals. If you would like to add more names please attach an extra sheet.

NAME:

ADDRESS:

TELEPHONE:

EMAIL:

RELATIONSHIP:

Supportive of this application?

Support

Oppose

Don't know

NAME:

ADDRESS:

TELEPHONE:

EMAIL:

RELATIONSHIP:

Supportive of this application?

Support

Oppose

Don't know

HEARING ARRANGEMENTS

This application should be made 3 weeks prior to the requested date for the hearing.

Upcoming court dates *(if applicable) :*

Release date *(if known) :*

Availability for hearing:

Mon

Tue

Wed

Thu

Fri

Mornings

Afternoons

Other information about availability:

Interpreter required:

NO

YES – Language:

Does the person want to speak to a lawyer before the hearing?

YES

NO

If yes, please assist the person contact the Mental Health Advocacy Service through LawAccess on 1300 888 529.

DECLARATION

I have read this completed application and believe that to the best of my knowledge the information provided is true, complete and accurate.

Signature of applicant:

Date:

Please return the completed application to MHRT-Forensic@health.nsw.gov.au

For further information or assistance please contact the Tribunal.

Phone: (02) 9816 5955 Toll Free: 1800 815 511