

MHRT USE ONLY – BOOKING DETAILS

DAY: _____

DATE: ____ / ____ / ____ TIME: _____

R1 R2 R3 R4 OVP BOARD SPARE

LIVE VIDEO PEXIP PHONE PAPERS

APPLICATION TO VARY OR REVOKE A COMMUNITY TREATMENT ORDER

Mental Health Act 2007, Section 65

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

Web: www.mhrt.nsw.gov.au | Tel. 1800 815 511



MENTAL HEALTH FACILITY: _____

CONTACT PERSON: _____

TELEPHONE: _____ FAX: _____

A Community Treatment Order was made on ____ / ____ / ____ **in relation to:**

SURNAME: _____ FIRST NAME(S): _____

MRN: _____ TELEPHONE: _____

COUNTRY OF BIRTH: _____ DATE OF BIRTH: ____ / ____ / ____ MALE FEMALE

by **the Mental Health Review Tribunal.**

a Magistrate under s33 of the *Mental Health (Forensic Provisions) Act 1990.* *(please attach copy of order)*

I, _____, being

the person for whom the order was made

the Case Manager implementing the order at the current Mental Health Facility

a person who could have applied for the order - refer MHA s51(2)

do hereby apply for the order to be revoked.

varied as follows: _____

The new Mental Health Facility, _____, **has agreed to implement a varied order in respect of this client and has submitted the attached treatment plan.**

New Case Manager: _____ **Mobile:** _____ **Fax:** _____

APPLICANT SIGNATURE: _____ DATE: ____ / ____ / ____

APPLICANT NAME: _____ POSITION: _____

MHRT USE ONLY – CONFIRMATION OF BOOKING

MHRT NO: _____

VENUE NAME: _____ VENUE CONFIRMED

VENUE ADDRESS: _____

CONTACT: _____ POSITION: _____ MOBILE: _____

PHONE: _____ FAX: _____ EMAIL: _____

HEARING TYPE: LIVE VIDEO – VMR: _____ PHONE – NUMBER: _____ PAPERS

DOCTOR/CASE MGR/OTHER CONTACTED - NAME: _____ MOBILE: _____

INTERPRETER REQUIRED– LANGUAGE: _____

MHAS REQUIRED - CONFIRMED WITH: _____

SECURITY REQUIRED – *Email sent to Admin Officer to confirm (cc Senior Admin & Tribunal Liaison)* **LETTER SENT TO CLIENT**

OTHER DETAILS AND/OR SPECIAL ARRANGEMENTS: _____