

<b>OFFICE USE ONLY</b>	<b>HEARING APPLICATION FORM</b>
DAY: _____ DATE: ____/____/____ TIME: _____	<input type="checkbox"/> LIVE <input type="checkbox"/> AVL/PEXIP <input type="checkbox"/> PHONE <input type="checkbox"/> PAPERS  DATE RECEIVED: ____/____/____.
<b>Forensic Division</b> PO Box 247 Gladesville NSW 1675   Tel. 1800 815 511 Email: <a href="mailto:MHRT-Forensic@health.nsw.gov.au">MHRT-Forensic@health.nsw.gov.au</a> Website: <a href="http://www.mhrt.nsw.gov.au">www.mhrt.nsw.gov.au</a>	
 <b>MENTAL HEALTH REVIEW TRIBUNAL</b> Mental Health Act 2007 Mental Health and Cognitive Impairment Forensic Provisions Act 2020	

<b>CLIENT DETAILS</b>	<b>MHRT NO:</b> _____ <b>MIN:</b> _____
Surname: _____ Given name(s): _____	
Date of birth: _____ <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Aboriginal/Torres Strait Islander	
Support needs: <input type="checkbox"/> None <input type="checkbox"/> Vision <input type="checkbox"/> Hearing <input type="checkbox"/> Mobility <input type="checkbox"/> Other: _____	
Country of birth: _____ Interpreter: <input type="checkbox"/> No <input type="checkbox"/> Yes – language: _____	
Address: _____	
Phone: _____ Email: _____	
fCTO Expiry date (if applicable): _____ Does the client require a lawyer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
CMHT _____	

**CURRENT APPLICATION**

**s77** Extension of a mandatory review period

**s78(f)** Review of forensic patient requested by Minister, Attorney General or Secretary

**s78(g)** Review of forensic patient requested by Medical Superintendent

**s88** Request for transfer to correctional centre or detention centre

**s91(c)** Review of correctional patient requested by Minister, Attorney General or Secretary

**s91(d)** Review of correctional patient requested by Medical Superintendent

**s97** Forensic or correctional requests appeal against failure/refusal by the Secretary to grant leave

**s112** Apprehended person seeking reconsideration

**s31D** Change of Name (*Births, Deaths and Marriages Act 1995*)

<b>APPLICANT NAME:</b> _____		
<b>EMAIL:</b> _____		<b>PHONE:</b> _____
<input type="checkbox"/> Forensic Patient	<input type="checkbox"/> Correctional Patient	<input type="checkbox"/> Designated Carer/Principal Carer/NSW Guardian
<input type="checkbox"/> Medical Superintendent	<input type="checkbox"/> Attorney General	<input type="checkbox"/> Secretary for Ministry of Health
<input type="checkbox"/> Minister for Health	<input type="checkbox"/> Minister for Corrections	

Client has been notified of the application                       Carer has been notified of the application

<b>HEARING VENUE NAME:</b> _____	
Venue address: _____	
Date preferred: _____	Time preferred: _____
Hearing type: <input type="checkbox"/> Live <input type="checkbox"/> Video – VMR: _____	<input type="checkbox"/> Phone – number: _____
Contact name: _____	Position: _____
Phone: _____	Email: _____

<b>OFFICE USE ONLY</b>	<b>OTHER DETAILS:</b> _____
<input type="checkbox"/> Notice to be served by: ____/____/____ <input type="checkbox"/> Applicant advised	_____
<input type="checkbox"/> Confirmed Date : ____/____/____    Confirmed by: _____	_____
<input type="checkbox"/> MHAS required <input type="checkbox"/> Security required <input type="checkbox"/> Letter posted to client	_____