

MHRT Use Only - **Details of Hearing:**

Day: _____

Date: ____/____/____

Time: _____ a.m./p.m.

Hearing Room: 1 / 2 / 3 / 4

Type: Live / Video / Phone

Hearing Application Form

Civil Jurisdiction – Mental Health Act 2007 (updated 14 Sept 2015)

Fax completed form to: (02) 9817 4543, or

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



Client Details:

MHRT File No.: C

Surname: Given Names:

Date of Birth:/...../..... Sex: ☐ Male ☐ Female

Country of Birth: Interpreter: ☐ No ☐ Yes – Language:

Aboriginal or Torres Strait Islander: ☐ No ☐ Yes MRN:

Address:

Phone: Home: Work/Mobile:

Current Order: ☐ MHRT ☐ Magistrate ☐ None **Date Detained:**/...../.....

☐ Involuntary Patient ☐ Voluntary Patient ☐ CTO **Expiry Date:**/...../.....

Date made Involuntary Patient:/...../..... Mental Health Facility:

Application Type: Please refer to the relevant section/s of the hearing kit regarding requirements for the hearing.

- ☐ Mental Health Inquiry – Sec 34
- ☐ Appeal Against Authorised Medical Officer's Refusal to Discharge – Sec 44
- ☐ Review of Involuntary Patient Order - Sec 37(1)(a)
- ☐ Review of Involuntary Patient Order – Sec 37(1)(b) – 3 monthly within first 12 months of being made an involuntary patient
- ☐ Review of Involuntary Patient Order – Sec 37(1)(c) – after first 12 months of being made an involuntary patient
- ☐ Review of Voluntary Patient Order – Sec 9
- ☐ Appeal Against Magistrates CTO – Sec 67(2) – **Please attach copy of Magistrates Order**
- ☐ Review of Detained Person on CTO – Sec 63
- ☐ ECT Administration Inquiry – Invol Patient – Sec 94(2) ☐ ECT Consent Inquiry – Vol Patient – Sec 93(3)
- ☐ ECT Person under 16 years– Invol Patient Sec 94(2A) ☐ ECT Person under 16 years– Vol Patient Sec 94(2A)
- ☐ Consent to Surgery – Sec 101(1) ☐ Consent to Special Medical Treatment – Sec 103
- ☐ Application for a Financial Management Order – Sec 46 (NSW Trustee and Guardian Act, 2009)
- ☐ Review of Interim Financial Management Order – Sec 48 (NSW Trustee and Guardian Act, 2009)

☐ Community Treatment Order – Sec 51 – **Please complete all fields and attach copy of Magistrates Order if applicable**

Applicant: **Position:** **Contact Number:**

Please Select: ☐ Authorised Medical Officer ☐ Medical Practitioner ☐ Designated Carer/Principal Care Provider

☐ Director of Community Treatment ☐ Deputy Director of Community Treatment (under delegation)

Note: The applicant must be an Authorised Medical Officer of a Mental Health Facility in which the client is detained or is a patient; a Medical Practitioner who is familiar with the client's clinical condition; a Director of Community Treatment (or a Deputy Director under appropriate delegation) who is familiar with the client's clinical condition; or the designated carer/ principal care provider of the client.

Declared Community Mental Health Facility:

Proposed Venue & Address:

Date/Time Preferred:a.m./p.m.

Hearing Type: ☐ Live ☐ Video - ISDN number: ☐ Phone – number:

Mental Health Facility Contact: Case Manager/Doctor/Tribunal Liaison Clerk

Ph: **Mobile:**

Fax: **Email:**

Additional Information:

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M.H.R.T. Use Only

Notice to be served by:

In person/faxed to client: ____/____/____

Posted to Client: ____/____/____

Applicant advised: ☐ No ☐ Yes

M.H.R.T. Use Only

M.H.A.S Required: ☐ No ☐ Yes

Security Required: ☐ No ☐ Yes

Booking: ☐ Confirmed ☐ Via Msg

Date: ____/____/____ Initials: _____