

**MENTAL HEALTH COURT**

# Notice of requirement to bring person before Mental Health Court

*Mental Health Act 2016, section 662*

Approved form no.: 7, version 1.00, 02/2017

Email: [registrarmhc@health.qld.gov.au](mailto:registrarmhc@health.qld.gov.au)

Proceeding number:

## Section 1 - Person to whom requirement is directed

Surname:		Given name(s):	
Name of service or place of custody:		Position:	
Address:			
Town / Suburb:		State:	Postcode:

## Section 2 - Person subject of proceeding

Surname:		Given name(s):	
Also known as:		Date of birth (DD/MM/YYYY):	Age: or
Address:			
Town / Suburb:		State:	Postcode:
Email address:		Contact number:	

## Section 3 - Requirement details

Provide details:			
Date of hearing (DD/MM/YYYY):		Time of hearing (HH:MM am/pm):	
Address:			
Town / Suburb:		State:	Postcode:

## Section 4 - Signature of registrar, Mental Health Court

Signature:		<i>[seal]</i>	
Name:	Date (DD/MM/YYYY):		

*Note: if you require further information, contact the registrar of the Mental Health Court on (07) 3082 0554.*

**TO: Person to whom requirement is directed**