

MENTAL HEALTH COURT

Exhibit list (applications and appeals)

Mental Health Act 2016

Approved form no.: 15, version 1.2, 08/2019
Email: registrarmhc@health.qld.gov.au

Proceeding number:

Section 1 - Person subject of application or appeal		
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 2 - Details of application or appeal
<input type="checkbox"/> Application for review of a person's detention
<input type="checkbox"/> Application to withdraw reference
<input type="checkbox"/> Application for confidentiality order
<input type="checkbox"/> Other
Provide details:
<input type="checkbox"/> Appeal
Provide details:

Section 3 - Schedule of exhibits	
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MHRT	
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