

MENTAL HEALTH COURT

Notice of appeal against decision of Mental Health Review Tribunal

Mental Health Act 2016, sections 539-544

Approved form no.: 4, version 1.2, 03/2017
Email: registrarmhc@health.qld.gov.au

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|--------------------|
| Proceeding number: |
|--------------------|

Section 1 - Person who is subject of decision in Tribunal

| | | | |
|----------------|--|-----------------------------|------------|
| 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 the Tribunal decision being appealed against

Provide details of the Mental Health Review Tribunal decision being appealed against:

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Date of Mental Health Review Tribunal decision (DD/MM/YYYY):

.....

Section 3 - Grounds of the appeal

Provide details:

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Where more space is required, additional details are provided in form 14 which is attached

Section 4 - Stay of decision

Is a stay of decision requested? Yes No

If yes, provide reasons:

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Where more space is required, additional details are provided in form 14 which is attached

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Section 5 – Person making appeal

| | |
|--|---|
| <input type="checkbox"/> Person subject to authority or order | <input type="checkbox"/> Interested person acting on the person's behalf |
| <input type="checkbox"/> Person subject of review or application | Relationship to person: |
| <input type="checkbox"/> Chief Psychiatrist | |
| <input type="checkbox"/> Director of Forensic Disability | <input type="checkbox"/> Interested person for minor acting on minor's behalf |
| <input type="checkbox"/> Doctor who made application | Relationship to person: |
| <input type="checkbox"/> Attorney-General | |
| <input type="checkbox"/> Minor | |

| | | |
|--------------------|------------|-----------|
| Name: | Position: | |
| Date (DD/MM/YYYY): | Signature: | |
| Contact number: | | |
| Email address: | | |
| Address: | | |
| Town / Suburb: | State: | Postcode: |

TO: Registrar, Mental Health Court
registrarmhc@health.qld.gov.au; GPO Box 48, Brisbane, QLD, 4001
NOTE: by sending this form by email, you consent to the Mental Health Court using email to communicate with you, including sending you notices under the Mental Health Act 2016.

Section 6 - Signature of registrar, Mental Health Court

| | |
|------------|--------------------|
| Signature: | [seal] |
| Name: | Date (DD/MM/YYYY): |

TO: Each other person entitled to appeal against the decision, other than an interested person for the person the subject of the decision