|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  | | --- | --- | | Approved form no.: 4, version 1.2, 03/2017  Email: [registrarmhc@health.qld.gov.au](mailto:registrarmhc@health.qld.gov.au) | 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): | | or | Age: |
| 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:    …………………………………………………………………………………………………………………………………………………….  ……………………………………………………………………………………………………………………………………………………. | | | | | | | |
| Date of Mental Health Review Tribunal decision (DD/MM/YYYY):    ……………………………………………………………………………………………………………………………………………………. | | | | | | | |
| **Section 3 - Grounds of the appeal** | | | | | | | |
| Provide details:  …………………………………………………………………………………………………………………………………………………….  …………………………………………………………………………………………………………………………………………………….  …………………………………………………………………………………………………………………………………………………….  …………………………………………………………………………………………………………………………………………………….  ……………………………………………………………………………………………………………………………………………………. | | | | | | | |
| **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:    …………………………………………………………………………………………………………………………………………………….  …………………………………………………………………………………………………………………………………………………….  …………………………………………………………………………………………………………………………………………………….  ……………………………………………………………………………………………………………………………………………………. | | | | | | | |
| **Where more space is required, additional details are provided in form 14 which is attached** | | | | | | | |
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| **Section 5 – Person making appeal** | | | | | | | |
| Person subject to authority or order  Person subject of review or application  Chief Psychiatrist  Director of Forensic Disability  Doctor who made application  Attorney-General  Minor | | | Interested person acting on the person’s behalf   |  | | --- | | Relationship to person: |   Interested person for minor acting on minor’s behalf   |  | | --- | | Relationship to person: | | | | | |
| 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](mailto: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** | | | | | | |