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| Approved form no.: 4, version 1.2, 03/2017Email: 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 [ ]  NoIf *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

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| Relationship to person:      |

[ ]  Interested person for minor acting on minor’s behalf

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| Relationship to person:      |

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| 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.*** |
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| **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** |