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| Approved form no.: 5, version 1.00, 02/2017Email: registrarmhc@health.qld.gov.au | Proceeding number:      |

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| **Section 1 - Notice of withdrawal by person who made appeal** |
| I give notice that I withdraw the notice of appeal dated (insert date – DD/MM/YYYY):      |
| Name:      | Position:      |
| Date (DD/MM/YYYY):      | Signature: |
| Contact number:      |
| Email address:      |
| Address:      |
| Town / Suburb:      | State: | Postcode:     |
|  |
| **Section 2 - Person who is subject of decision in Tribunal *(if different from section 1)*** |
| Surname:      | Given name(s):      |
| Also known as:      | Date of birth (DD/MM/YYYY):      | or | Age:      |
| Address:      |
| Town / Suburb:      | State: | Postcode:     |
| Email address:      | Contact number:      |
| **TO:** | **Registrar, Mental Health Court** registrarmhc@health.qld.gov.au; GPO Box 48, Brisbane, QLD, 4001 |
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| **Section 3 - Signature of registrar, Mental Health Court** |
| Signature: | *[seal]* |
| Name:      | Date (DD/MM/YYYY):      |
| **TO:** | **Parties to the appeal****If an authorised mental health service is responsible for the person - the administrator of the service****If the forensic disability service is responsible for the person - the administrator of the service** |