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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  | | --- | --- | | Approved form no.: 6, version 1.00, 02/2017  Email: [registrarmhc@health.qld.gov.au](mailto:registrarmhc@health.qld.gov.au) | Proceeding number: | | | | | | | | |
| **Section 1 - Person subject of proceeding** | | | | | | | |
| 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 - Hearing details** | | | | | | | |
| Provide details, including whether hearing is at the Court or via video link: | | | | | | | |
| Date of hearing (DD/MM/YYYY): | | | | Time of hearing (HH:MM am/pm): | | | |
| Address where person is required to attend: | | | | | | | |
| Town / Suburb: | | | | | State: | | Postcode: |
| *Notes:* | | * *If you require further information, contact the registrar of the Mental Health Court on (07) 3082 0554.* * *Please arrive 20 minutes prior to the time of hearing as stated above. If you are not present at this time the matter may  proceed without you. Please check the Daily Law List on the day for the courtroom number.* | | | | | |
|  | | | | | | | |
| **Section 3 - Signature of registrar, Mental Health Court** | | | | | | | |
| Signature: | | | | *[seal]* | | | |
| Name: | | | Date (DD/MM/YYYY): |
| **TO:** | **For hearing of reference**  **Each party to the proceeding**  **If an authorised mental health service is responsible for the person the subject of the reference – the administrator of the service**  **If the forensic disability service is responsible for the person the subject of the reference - the administrator of the service**  **If the person the subject of the reference is in lawful custody - the person’s custodian**  **For hearing of application to withdraw reference**  **Each party to the proceeding**  **For hearing of appeal**  **Parties to the appeal**  **If an authorised mental health service is responsible for the person the subject of the appeal - the administrator of the service**  **If the forensic disability service is responsible for the person the subject of the appeal - the administrator of the service**  **For hearing of review of a person’s detention in a relevant service**  **Person who is detained in the relevant service**  **If the person is not the applicant - the applicant**  **Administrator of the relevant service**  **If the relevant service is an authorised mental health service - the Chief Psychiatrist**  **If the relevant service is the forensic disability service - the Director of Forensic Disability**  **Attorney-General** | | | | | | |