|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  | | --- | --- | | Approved form no.: 7, version 1.00, 02/2017  Email: [registrarmhc@health.qld.gov.au](mailto:registrarmhc@health.qld.gov.au) | Proceeding number: | | | | | | | | |
| **Section 1 - Person to whom requirement is directed** | | | | | | | |
| Surname: | | | Given name(s): | | | | |
| Name of service or place of custody: | | | | Position: | |  |  |
| Address: | | | | | | | |
| Town / Suburb: | | | | | State: | | Postcode: |
|  | | | | | | | |
| **Section 2 - 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 3 - Requirement details** | | | | | | | |
| Provide details: | | | | | | | |
| Date of hearing (DD/MM/YYYY): | | | Time of hearing (HH:MM am/pm): | | | | |
| Address: | | | | | | | |
| Town / Suburb: | | | | | State: | | Postcode: |
|  | | | | | | | |
| **Section 4 - Signature of registrar, Mental Health Court** | | | | | | | |
| Signature: | | | *[seal]* | | | | |
| Name: | | Date (DD/MM/YYYY): |
| *Note: if you require further information, contact the registrar of the Mental Health Court on (07) 3082 0554.* | | | | | | | |
| **TO:** | **Person to whom requirement is directed** | | | | | | |