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| Approved form no.: 7, version 1.00, 02/2017Email: 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** |