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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  | | --- | --- | | Approved form no.: 9, version 1.00, 02/2017  Email: [registrarmhc@health.qld.gov.au](mailto:registrarmhc@health.qld.gov.au) | Proceeding number: | | | | | | | | | | |
| **Section 1 - Person making application to withdraw reference** | | | | | | | | | |
| Person subject of the reference  Person’s lawyer  Director of Public Prosecutions | | | Registrar of Supreme Court  Registrar of District Court  Registrar of Magistrates Court | | | | Chief Psychiatrist  Director of Forensic Disability | | |
| Name: | | | | Signature or seal: | | | | | |
| Position: | | Date (DD/MM/YYYY): | |
| Address: | | | | | | | | | |
| Town / Suburb: | | | | | State: | | | | Postcode: |
|  | | | | | | | | | |
| **Section 2 - Reasons for applying to the Mental Health Court to withdraw the reference** | | | | | | | | | |
| Provide details: | | | | | | | | | |
| **Where more space is required, additional details are provided in form 14 which is attached** | | | | | | | | | |
|  | | | | | | | | | |
| **Section 3 - Person subject of reference *(if different to 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](mailto:registrarmhc@health.qld.gov.au); GPO Box 48, Brisbane, QLD, 4001 | | | | | | | | |
|  | | | | | | | | | |
| **Section 4 - Agreement of parties to proceeding** ***(if applicable - to be completed by each party*)** | | | | | | | | | |
| The parties to the proceeding have no objections to reference being withdrawn:  Person subject of reference  Director of Public Prosecutions  Chief Psychiatrist  Director of Forensic Disability | | | | | | | | | |
| **Person subject of the reference** | | |  | | | |  | | |
| Name: | | | | Signature: | | | | | |
| Date (DD/MM/YYYY): | | | |
| Address: | | | | | | | | | |
| Town / Suburb: | | | | | State: | | | | Postcode: |
| **Director of Public Prosecutions** | | |  | | | |  | | |
| Name: | | | | Signature: | | | | | |
| Designation: | | Date (DD/MM/YYYY): | |
| Address: | | | | | | | | | |
| Town / Suburb: | | | | | State: | | | | Postcode: |
| **Chief Psychiatrist** | | |  | | | |  | | |
| Name: | | | | Signature: | | | | | |
| Designation: | | Date (DD/MM/YYYY): | |
| Address: | | | | | | | | | |
| Town / Suburb: | | | | | State: | | | | Postcode: |
| **Director of Forensic Disability** | | |  | | | |  | | |
| Name: | | | | Signature: | | | | | |
| Designation: | | Date (DD/MM/YYYY): | |
| Address: | | | | | | | | | |
| Town / Suburb: | | | | | State: | | | | Postcode: |
| **TO:** | **Registrar, Mental Health Court**  [registrarmhc@health.qld.gov.au](mailto:registrarmhc@health.qld.gov.au); GPO Box 48, Brisbane, QLD, 4001 | | | | | | | | |
|  | | | | | | | | | |
| **Section 5 - Signature of registrar, Mental Health Court** | | | | | | | | | |
| Signature: | | | | *[seal]* | | | | | |
| Name: | | Date (DD/MM/YYYY): | |
| **TO:** | **Person who made application to withdraw reference**  **Person subject of reference**  **Person’s lawyer**  **Director of Public Prosecutions**  **Chief Psychiatrist**  **Director of Forensic Disability** | | | | | | | | |