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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  | | --- | --- | | Approved form no.: 17, version 1.00, 02/2017  Email: [registrarmhc@health.qld.gov.au](mailto:registrarmhc@health.qld.gov.au) | Proceeding number: | | | | | | | |
| **Section 1 - Person to be examined** | | | | | | |
| 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 – Recommendation or request and nominated examining practitioner** | | | | | | |
| Assisting clinician **recommends *OR***  Director of Public Prosecutions **requests**  That the Mental Health Court make a court examination order requiring the person stated in section 1 to submit to an examination by the examining practitioner nominated below.  The parties to the proceeding may make written submissions to the registrar on this recommendation or request by (date – DD/MM/YYYY): | | | | | | |
| Name: | | | Position: | | | |
| Address: | | | | | | |
| Town / Suburb: | | | | State: | | Postcode: |
| Email address: | | | | Contact number: | | |
|  | | | | | | |
| **Section 3 - 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 be examined**  **Person’s lawyer**  **Director of Public Prosecutions**  **Chief Psychiatrist**  **Director of Forensic Disability** | | | | | |