

MENTAL HEALTH COURT

Exhibit list (applications and appeals)

Mental Health Act 2016

Approved form no.: 15, version 1.1, 03/2017
Email: registrarmhc@health.qld.gov.au

Proceeding number:

Section 1 - Person subject of application or appeal

Surname:		Given name(s):	
Also known as:		Date of birth (DD/MM/YYYY):	Age: or
Address:			
Town / Suburb:		State:	Postcode:
Email address:		Contact number:	

Section 2 - Details of application or appeal

Application for review of a person's detention
 Application to withdraw reference
 Application for confidentiality order
 Other

Provide details:

Appeal

Provide details:

Section 3 - Schedule of exhibits

Provide details:

1.