



MENTAL HEALTH COURT

Exhibit / appearance list (reference)

Mental Health Act 2000 Queensland

Date: ___ / ___ / ___

Form No: MHC.31

CORAM: - **Justice**

assisted by Dr
Dr

BLOCK LETTERS

Personal details

The person being referred

Given name/s	Family name		
Also known as			
Residential address			
Town/suburb	State	QLD	Postcode
Phone No.			
Date of birth			
Male <input type="checkbox"/> Female <input type="checkbox"/> classified patient <input type="checkbox"/>			

Mark applicable box

Details of charge/s

Provide details of the offence/s

including summary matters

Charge	Date of Offence	Court	Court file no. / indictment no.
1.			
2.			
3.			
4.			
5.			

Mark box if applicable

****additional schedule of offences is attached**

Appearances

For the Director of Mental Health

Given name/s	Family name
From	Email: mha2000@health.qld.gov.au

For the Director of Public Prosecutions

Given name/s	Family name
From	Email: dppmentalhealth@justice.qld.gov.au

Legal representative for the defendant

Given name/s	Family name
From	Email: laq-mhu@legalaid.qld.gov.au

For the Director of Forensic Disability

Given name/s	Family name
From	Email: directorforensicdisability@communities.qld.gov.au

Other

continued over page...➔

Schedule of Exhibits