

MENTAL HEALTH COURT OF QUEENSLAND

REGISTRY:

NUMBER:

In the (*reference of or application concerning*): (*insert name*)

Date of birth: (*insert date*)

FINDINGS AND ORDERS

Before: *Justice*

Date:

Initiating document: (*reference or application*) filed (*insert date*)

THE COURT FINDS THAT: (*set out appropriate findings, for example*)

1. (*Insert name*) (*was/was not*) of unsound mind at the time of the (*identify offending*).
2. (*Insert name*) is fit for trial.
3. (*Insert name*) is not fit for trial and that unfitness (*is/is not*) of a permanent nature.
4. There is a substantial dispute about whether (*insert name*) committed (*identify offending*).
5. (*Insert name*) was of diminished responsibility at the time (*he/she*) committed the offence of murder.

THE COURT ORDERS THAT: (*set out appropriate orders, for example*)

Proceedings

6. Proceedings against (*insert name*) in relation to (*identify offences*) are to be discontinued.
7. Proceedings against (*insert name*) in relation to (*identify offences*) are to continue according to law.

Non-contact order

8. (*Insert name*) is not to make contact directly or indirectly with (*insert name*).

Withdrawal of reference

9. The Court gives leave for this reference to be withdrawn.

Confidentiality order

10. (*Insert details of document and/or information*) is not to be disclosed to (*insert name*).

THE COURT DIRECTS THAT:

11. *(set out terms of directions in numbered paragraphs)*

FORENSIC ORDER (*MENTAL HEALTH/DISABILITY*)

(set out appropriate orders, for example)

12. The Court makes a Forensic Order for *(insert name)*.
13. The *(state name of authorised mental health service)* is responsible for *(insert name)* while they are subject to the Forensic Order.
14. The Forensic Order is a *(community treatment/inpatient order)*.
15. The non-revocation period for the Forensic Order is *(specify period)*.
16. *(Insert name)* must attend at *(insert address)* at *(time)* and *(date)* to consult *(insert doctor's name)* and must attend all subsequent appointments as the authorised doctor requires.
17. The authorised doctor *(may/must not)* change the category of this Forensic Order to inpatient, with such community treatment as that doctor reasonably determines.

TREATMENT SUPPORT ORDER (*MENTAL HEALTH/DISABILITY*)

(set out appropriate orders, for example)

18. The Court makes a Treatment Support Order for *(insert name)*.
19. The *(state name of authorised mental health service)* is responsible for *(insert name)* while they are subject to the Treatment Support Order.
20. The Treatment Support Order is a *(community treatment/inpatient order)*.
21. *(Insert name)* must attend at *(insert address)* at *(time)* and *(date)* to consult *(insert doctor's name)* and must attend all subsequent appointments as the authorised doctor requires.
22. The authorised doctor *(may/must not)* change the category of this Treatment Support Order to inpatient, with such community treatment as that doctor reasonably determines.

COMMUNITY TREATMENT *(complete where applicable, for example)*

23. Community treatment is not approved for *(insert name)*.
24. Community treatment is approved for *(insert name)* subject to the following conditions: *(insert as appropriate, for example)*.
- (a) The person must comply with all requirements of the authorised doctor.
 - (b) The person must not use any illegal drugs.
 - (c) The person must co-operate in random medical tests for illegal drugs as required by the authorised doctor.
 - (d) Leave on the following conditions may be granted by the authorised doctor in their discretion:

Escorted - on and off grounds of the hospital

- The person must remain under the escort of a staff member or members nominated by the authorised doctor.
- The person must comply with the directions of escorting staff members.

Supervised - on and off grounds of the hospital

- The person must remain under the supervision of a responsible adult or adults nominated by the authorised doctor.
- The person must comply with the directions of the nominated responsible adult or adults.

Unescorted - on grounds of the hospital

- The person must remain within the grounds of the hospital.
- The person must return to the ward at the time specified by the authorised doctor.

Unescorted - off grounds of the hospital – less than Overnight

- The person must return to the ward at the time specified by the authorised doctor.

Overnight - supervised and unsupervised

- The person must sleep at a place approved in advance in writing by the authorised doctor.
- The person must remain under the supervision of a responsible adult or adults nominated by the authorised doctor.
- The person must return to the ward at the time specified by the authorised doctor.

More than overnight - up to seven days of overnight leave per week

- The person must reside at a place approved in advance in writing by the authorised doctor.
- The person must remain under the supervision of a responsible adult or adults nominated by the authorised doctor.
- The person must return to the ward at the time specified by the authorised doctor.

BAIL

25. Bail is granted on the following conditions: *(insert as appropriate)*.
26. Bail granted on *(insert date)* is revoked.
27. Bail granted on *(insert date)* is varied so that *(insert as appropriate)*.

Signed:

Registrar