

**MENTAL HEALTH COURT**

# Application for review of a person's detention

*Mental Health Act 2016, sections 672-681*

Approved form no.: 8, version 1.00, 02/2017  
Email: [registrarmhc@health.qld.gov.au](mailto:registrarmhc@health.qld.gov.au)

Proceeding number:

## Section 1 - Person being detained

Surname:	Given name(s):		
Also known as:	Date of birth (DD/MM/YYYY):	Age: or	
Address:			
Town / Suburb:	State:	Postcode:	
Email address:	Contact number:		
Name of authorised mental health service or the forensic disability service:			

## Section 2 - Grounds for making application

Provide details:

Where more space is required, additional details are provided in form 14 which is attached

## Section 3 - Person making application for review

Person who is detained in a relevant service  
 Interested person for the person detained in a relevant service  
 Attorney-General

Name:	Position:		
Date (DD/MM/YYYY):	Signature:		
Contact number:			
Email address:			
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

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**Section 4 - Signature of registrar, Mental Health Court**

Signature:		<i>[seal]</i>
Name:	Date (DD/MM/YYYY):	

**TO: Person who is detained in the relevant service**  
**If the person is not the applicant - the applicant**  
**Administrator of the relevant service**  
**If the relevant service is an authorised mental health service - the Chief Psychiatrist**  
**If the relevant service is the forensic disability service - the Director of Forensic Disability**  
**Attorney-General**