

# MENTAL HEALTH COURT

## Application to withdraw reference

Mental Health Act 2016, section 126

Approved form no.: 9, version 1.00, 02/2017  
Email: [registrarmhc@health.qld.gov.au](mailto:registrarmhc@health.qld.gov.au)

Proceeding number:

### Section 1 - Person making application to withdraw reference

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Person subject of the reference | <input type="checkbox"/> Registrar of Supreme Court     | <input type="checkbox"/> Chief Psychiatrist              |
| <input type="checkbox"/> Person's lawyer                 | <input type="checkbox"/> Registrar of District Court    | <input type="checkbox"/> Director of Forensic Disability |
| <input type="checkbox"/> Director of Public Prosecutions | <input type="checkbox"/> Registrar of Magistrates Court |  |

Name:		Signature or seal:	
Position:	Date (DD/MM/YYYY):		
Address:			
Town / Suburb:		State:	Postcode:

### Section 2 - Reasons for applying to the Mental Health Court to withdraw the reference

Provide details:

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

### Section 3 - Person subject of reference (if different to section 1)

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

**TO: Registrar, Mental Health Court**  
[registrarmhc@health.qld.gov.au](mailto:registrarmhc@health.qld.gov.au); GPO Box 48, Brisbane, QLD, 4001

### Section 4 - Agreement of parties to proceeding (if applicable - to be completed by each party)

The parties to the proceeding have no objections to reference being withdrawn:

- Person subject of reference  
 Director of Public Prosecutions  
 Chief Psychiatrist  
 Director of Forensic Disability

#### Person subject of the reference

Name:		Signature:	
Date (DD/MM/YYYY):			
Address:			
Town / Suburb:		State:	Postcode:

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Director of Public Prosecutions		
Name:		Signature:
Designation:	Date (DD/MM/YYYY):	
Address:		
Town / Suburb:	State:	Postcode:
Chief Psychiatrist		
Name:		Signature:
Designation:	Date (DD/MM/YYYY):	
Address:		
Town / Suburb:	State:	Postcode:
Director of Forensic Disability		
Name:		Signature:
Designation:	Date (DD/MM/YYYY):	
Address:		
Town / Suburb:	State:	Postcode:
<b>TO: Registrar, Mental Health Court</b> <a href="mailto:registrarmhc@health.qld.gov.au">registrarmhc@health.qld.gov.au</a> ; GPO Box 48, Brisbane, QLD, 4001		
Section 5 - Signature of registrar, Mental Health Court		
Signature:		[seal]
Name:	Date (DD/MM/YYYY):	
<b>TO: Person who made application to withdraw reference</b> <b>Person subject of reference</b> <b>Person's lawyer</b> <b>Director of Public Prosecutions</b> <b>Chief Psychiatrist</b> <b>Director of Forensic Disability</b>		