

Notice of election to go to trial

*Mental Health Act 2000 Queensland
Section 311(2)*

Form No: MHC.12

- ◆ Despite the Mental Health Court's decision that a person charged with an offence was of unsound mind when the offence was committed, the person may elect to be brought to trial for the offence within 28 days after the person receives the notice.
- ◆ A forensic order for the person continues in force until a decision is made on the proceedings against the person for the offence.

BLOCK LETTERS	Person's details	
The person who is electing to go to trial	Given name/s	Family name
	Also known as	
Mark <input checked="" type="checkbox"/> applicable box	Residential address	
	Town/suburb	State <input type="text"/> <input type="text"/> <input type="text"/> Postcode <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	Phone No. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
	Date of birth <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	or Age <input type="text"/> <input type="text"/> <input type="text"/>
	Male <input type="checkbox"/>	Female <input type="checkbox"/>

PLEASE PRINT	Reasons
Provide reasons why you are electing to go to trial	<hr/>
	<hr/>
	<hr/>
	<hr/>
	<hr/>

PLEASE PRINT	Election to go to trial
Provide details of the offence	I am requesting to be brought to trial for the offence/s of:
	<hr/>
Person electing to go to trial	The Mental Health Court decided on <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> that I was of unsound mind when the offence/s was committed.
	Signature <input type="text"/>

To: Attorney-General

To be completed by Attorney-General

Attorney-General	The above information is noted.	
	Signature <input type="text"/>	Print name <input type="text"/>
		Date <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

**To: Mental Health Court
Director of Mental Health**

To be completed by Director of Mental Health

Director of Mental Health	The above information is noted.	
	Signature <input type="text"/>	Print name <input type="text"/>
		Date <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

To: Mental Health Review Tribunal
Director of Public Prosecutions
administrator, authorised mental health service