

MENTAL HEALTH COURT

Recommendation or request for court examination order on reference

Mental Health Act 2016, sections 668-669

Approved form no.: 17, version 1.00, 02/2017
Email: registrarmhc@health.qld.gov.au

Proceeding number:

Section 1 - Person to be examined

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

Section 2 – Recommendation or request and nominated examining practitioner

Assisting clinician **recommends** **OR** Director of Public Prosecutions **requests**

That the Mental Health Court make a court examination order requiring the person stated in section 1 to submit to an examination by the examining practitioner nominated below.

The parties to the proceeding may make written submissions to the registrar on this recommendation or request by (date – DD/MM/YYYY):

Name:		Position:	
Address:			
Town / Suburb:		State:	Postcode:
Email address:		Contact number:	

Section 3 - Signature of registrar, Mental Health Court

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

Note: if you require further information, contact the registrar of the Mental Health Court on (07) 3082 0554.

TO: Person to be examined
Person's lawyer
Director of Public Prosecutions
Chief Psychiatrist
Director of Forensic Disability