

# MENTAL HEALTH COURT

## Reference of person's mental state to the Mental Health Court

*Mental Health Act 2016, sections 101, 104, 110-111, 175-176, 183-184*

Approved form no.: 3, version 1.1, 03/2017

Email: [registrarmhc@health.qld.gov.au](mailto:registrarmhc@health.qld.gov.au)

Proceeding number:

### Section 1 - Person being referred

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 - Details of offence(s), including summary offences

Number	Offence	Date of offence (DD/MM/YYYY)	Court	Court file number / indictment number
1				
2				
3				
4				
5				

Additional schedule of offences is attached

### Section 3 - Further details

Has an examination order been made?  Yes  No  Unknown

If yes, name of authorised mental health service or public sector health service facility where person to be examined:

Has the person been remanded in custody?  Yes  No  Unknown

If yes, name of correctional facility:

Has the person been granted bail?  Yes  No  Unknown

If yes, provide bail address:

Is the person being treated in an authorised mental health service?  Yes  No  Unknown

If yes, name of authorised mental health service:

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## Section 4 - Signature of person making reference

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

The matter of the person's mental state relating to the offence(s) is referred to the Mental Health Court.

Attached is a copy of the report (if any) relating to the person's mental state.

Attachment(s) included?  Yes  No

Name:	Position:		
Date (DD/MM/YYYY):	Signature or seal:		
Contact number:			
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  
**NOTE: by sending this form by email, you consent to the Mental Health Court using email to communicate with you, including sending you notices under the Mental Health Act 2016.**

## Section 5 - Signature of registrar, Mental Health Court

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

*Note: the proceeding for the offence(s) under chapter 15, part 2 of the Mental Health Act 2016 is suspended.*

**TO: Person the subject of the reference or, if known, the person's lawyer**  
**Director of Public Prosecutions**  
**Chief Psychiatrist**  
**Chief Executive (Justice)**  
**Director of Forensic Disability**  
**If the person the subject of the reference is a child within the meaning of the Youth Justice Act 1992 - the Chief Executive (Youth Justice)**  
**If known, any nominated support person, personal guardian or attorney for the person the subject of the reference**