

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

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; 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