

MENTAL HEALTH COURT

Notice of appeal against decision of Mental Health Review Tribunal

Mental Health Act 2016, sections 539-544

Approved form no.: 4, version 1.2, 03/2017
Email: registrarmhc@health.qld.gov.au

Proceeding number:

Section 1 - Person who is subject of decision in Tribunal

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 the Tribunal decision being appealed against

Provide details of the Mental Health Review Tribunal decision being appealed against:

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Date of Mental Health Review Tribunal decision (DD/MM/YYYY):

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Section 3 - Grounds of the appeal

Provide details:

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

Section 4 - Stay of decision

Is a stay of decision requested? Yes No

If yes, provide reasons:

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

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Section 5 – Person making appeal

<input type="checkbox"/> Person subject to authority or order	<input type="checkbox"/> Interested person acting on the person's behalf
<input type="checkbox"/> Person subject of review or application	Relationship to person:
<input type="checkbox"/> Chief Psychiatrist	
<input type="checkbox"/> Director of Forensic Disability	<input type="checkbox"/> Interested person for minor acting on minor's behalf
<input type="checkbox"/> Doctor who made application	Relationship to person:
<input type="checkbox"/> Attorney-General	
<input type="checkbox"/> Minor	

Name:	Position:		
Date (DD/MM/YYYY):	Signature:		
Contact number:			
Email address:			
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 6 - Signature of registrar, Mental Health Court

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

TO: Each other person entitled to appeal against the decision, other than an interested person for the person the subject of the decision