

MENTAL HEALTH COURT

Notice to withdraw appeal against decision of Mental Health Review Tribunal

Mental Health Act 2016

Approved form no.: 5, version 1.00, 02/2017
Email: registrarmhc@health.qld.gov.au

Proceeding number:

Section 1 - Notice of withdrawal by person who made appeal

I give notice that I withdraw the notice of appeal dated (insert date – DD/MM/YYYY):

Name:	Position:		
Date (DD/MM/YYYY):	Signature:		
Contact number:			
Email address:			
Address:			
Town / Suburb:	State:	Postcode:	

Section 2 - Person who is subject of decision in Tribunal *(if different from section 1)*

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

TO: Registrar, Mental Health Court
registrarmhc@health.qld.gov.au; GPO Box 48, Brisbane, QLD, 4001

Section 3 - Signature of registrar, Mental Health Court

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

TO: Parties to the appeal
If an authorised mental health service is responsible for the person - the administrator of the service
If the forensic disability service is responsible for the person - the administrator of the service