|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  | | --- | --- | | Approved form no.:18, version 1.00, 08/2019  Email: [registrarmhc@health.qld.gov.au](mailto:registrarmhc@health.qld.gov.au) | Proceeding number: | | | | | | | |
|  | | | | | | |
| **Section 1 - Person subject of the reference electing to be tried for offence/s** | | | | |  |  |
| Name: | | Signature: | | | | |
| Date (DD/MM/YYYY): | |
| Address: | | | | | | |
| Town / Suburb: | | | | State: | Postcode: | |
| **Section 2 – Election to go to trial** **for the following offence/s** | | |  |  | | |
| Provide details of offences: | | |  |  | | |
| **Section 3 – Date of the Mental Health Court decision** | | | | | | |
| Provide details: | | |  |  | | |
|  | | | | | | |
|  | | | | | | |
| **TO:** | **Director of Public Prosecutions** | | | | | |