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| Approved form no.:18, version 1.00, 08/2019Email: registrarmhc@health.qld.gov.au | Proceeding number:      |

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| **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:      |  |  |
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| **TO:** | **Director of Public Prosecutions**  |