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| Approved form no.: 3, version 1.1, 03/2017Email: 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):      | or | Age:      |
| 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** |
| [ ]  Chief Psychiatrist [ ]  Director of Forensic Disability [ ]  Person subject of the reference[ ]  Person’s lawyer [ ]  Director of Public Prosecutions [ ]  Registrar of Magistrates Court[ ]  Registrar of Supreme Court [ ]  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.*** |
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| **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** |