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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  | | --- | --- | | Approved form no.: 3, version 1.1, 03/2017  Email: [registrarmhc@health.qld.gov.au](mailto: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: | | | | | | | | | | |
|  | | | | | | | | | | |
| **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](mailto: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 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** | | | | | | | | | |