|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  | | --- | --- | | Approved form no.: 5, version 1.00, 02/2017  Email: [registrarmhc@health.qld.gov.au](mailto: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): | | or | Age: |
| Address: | | | | | | |
| Town / Suburb: | | | | State: | | Postcode: |
| Email address: | | | | Contact number: | | |
| **TO:** | **Registrar, Mental Health Court**  [registrarmhc@health.qld.gov.au](mailto:registrarmhc@health.qld.gov.au); GPO Box 48, Brisbane, QLD, 4001 | | | | | |
|  | | | | | | |
| **Section 3 - Signature of registrar, Mental Health Court** | | | | | | |
| Signature: | | | *[seal]* | | | |
| 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** | | | | | |