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| Approved form no.: 8, version 1.00, 02/2017Email: registrarmhc@health.qld.gov.au | Proceeding number:      |

 |
| **Section 1 - Person being detained** |
| Surname:      | Given name(s):      |
| Also known as:      | Date of birth (DD/MM/YYYY):      | or | Age:      |
| Address:      |
| Town / Suburb:      | State: | Postcode:     |
| Email address:      | Contact number:      |
| Name of authorised mental health service or the forensic disability service:      |
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| **Section 2 - Grounds for making application** |
| Provide details:      |
| [ ]  **Where more space is required, additional details are provided in form 14 which is attached** |
|  |
| **Section 3 - Person making application for review** |
| [ ]  Person who is detained in a relevant service[ ]  Interested person for the person detained in a relevant service[ ]  Attorney-General |
| Name:      | Position:      |
| Date (DD/MM/YYYY):      | Signature: |
| Contact number:      |
| Email address:      |
| Address:      |
| Town / Suburb:      | State: | Postcode:     |
| **TO:** | **Registrar, Mental Health Court** registrarmhc@health.qld.gov.au; GPO Box 48, Brisbane, QLD, 4001 |
|  |
| **Section 4 - Signature of registrar, Mental Health Court** |
| Signature: | *[seal]* |
| Name:      | Date (DD/MM/YYYY):      |
| **TO:** | **Person who is detained in the relevant service** **If the person is not the applicant - the applicant****Administrator of the relevant service****If the relevant service is an authorised mental health service - the Chief Psychiatrist****If the relevant service is the forensic disability service - the Director of Forensic Disability****Attorney-General** |