MENTAL HEALTH COURT OF QUEENSLAND

REGISTRY:

NUMBER:

In the *(reference of or application concerning)*: *(insert name)*

Date of birth: *(insert date)*

 FINDINGS AND ORDERS

Before: *Justice*

Date:

Initiating document: *(reference or application)* filed *(insert date)*

THE COURT FINDS THAT: *(set out appropriate findings, for example)*

1. *(Insert name)* *(was/was not)* of unsound mind at the time of the *(identify offending).*
2. *(Insert name)* is fit for trial.
3. *(Insert name)* is not fit for trial and that unfitness *(is/is not)* of a permanent nature.
4. There is a substantial dispute about whether *(insert name)* committed *(identify offending).*
5. *(Insert name)* was of diminished responsibility at the time *(he/she)* committed the offence of murder.

THE COURT ORDERS THAT: *(set out appropriate orders, for example)*

*Proceedings*

1. Proceedings against *(insert name)* in relation to *(identify offences)* are to be discontinued.
2. Proceedings against *(insert name)* in relation to *(identify offences)* are to continue according to law.

*Non-contact order*

1. *(Insert name)* is not to make contact directly or indirectly with *(insert name)*.

*Withdrawal of reference*

1. The Court gives leave for this reference to be withdrawn.

*Confidentiality order*

1. *(Insert details of document and/or information)* is not to be disclosed to *(insert name).*

THE COURT DIRECTS THAT:

1. *(set out terms of directions in numbered paragraphs)*

FORENSIC ORDER (*MENTAL HEALTH/DISABILITY*)

 *(set out appropriate orders, for example)*

1. The Court makes a Forensic Order for *(insert name).*
2. The *(state name of authorised mental health service)* is responsible for *(insert name)* while they are subject to the Forensic Order.
3. The Forensic Order is a *(community treatment/inpatient order).*
4. The non‑revocation period for the Forensic Order is *(specify period).*
5. *(Insert name)* must attend at *(insert address)* at *(time)* and *(date)* to consult *(insert doctor’s name)* and must attend all subsequent appointments as the authorised doctor requires.
6. The authorised doctor *(may/must not)* change the category of this Forensic Order to inpatient, with such community treatment as that doctor reasonably determines.

TREATMENT SUPPORT ORDER (*MENTAL HEALTH/DISABILITY*)

 *(set out appropriate orders, for example)*

1. The Court makes a Treatment Support Order for *(insert name).*
2. The *(state name of authorised mental health service)* is responsible for *(insert name)* while they are subject to the Treatment Support Order.
3. The Treatment Support Order is a *(community treatment/inpatient order).*
4. *(Insert name)* must attend at *(insert address)* at *(time)* and *(date)* to consult *(insert doctor’s name)* and must attend all subsequent appointments as the authorised doctor requires*.*
5. The authorised doctor *(may/must not)* change the category of this Treatment Support Order to inpatient, with such community treatment as that doctor reasonably determines.

COMMUNITY TREATMENT *(complete where applicable, for example)*

1. Community treatment is not approved for *(insert name).*
2. Community treatment is approved for *(insert name)* subject to the following conditions: *(insert as appropriate, for example).*
3. The personmust comply with all requirements of the authorised doctor.
4. The personmust not use any illegal drugs.
5. The personmust co-operate in random medical tests for illegal drugs as required by the authorised doctor.
6. Leave on the following conditions may be granted by the authorised doctor in their discretion:

Escorted - on and off grounds of the hospital

● The person must remain under the escort of a staff member or members nominated by the authorised doctor.

● The person must comply with the directions of escorting staff members.

Supervised - on and off grounds of the hospital

● The person must remain under the supervision of a responsible adult or adults nominated by the authorised doctor.

● The person must comply with the directions of the nominated responsible adult or adults.

Unescorted - on grounds of the hospital

● The person must remain within the grounds of the hospital.

● The person must return to the ward at the time specified by the authorised doctor.

Unescorted - off grounds of the hospital – less than Overnight

● The person must return to the ward at the time specified by the authorised doctor.

Overnight - supervised and unsupervised

● The person must sleep at a place approved in advance in writing by the authorised doctor.

● The person must remain under the supervision of a responsible adult or adults nominated by the authorised doctor.

● The personmust return to the ward at the time specified by the authorised doctor.

More than overnight - up to seven days of overnight leave per week

● The person must reside at a place approved in advance in writing by the authorised doctor.

● The person must remain under the supervision of a responsible adult or adults nominated by the authorised doctor.

● The personmust return to the ward at the time specified by the authorised doctor.

BAIL

1. Bail is granted on the following conditions: *(insert as appropriate).*
2. Bail granted on *(insert date)* is revoked.
3. Bail granted on *(insert date)* is varied so that *(insert as appropriate).*

Signed:

 Registrar