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| Approved form no.: 9, version 1.00, 02/2017Email: registrarmhc@health.qld.gov.au | Proceeding number:      |

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| **Section 1 - Person making application to withdraw reference** |
| [ ]  Person subject of the reference[ ]  Person’s lawyer[ ]  Director of Public Prosecutions | [ ]  Registrar of Supreme Court[ ]  Registrar of District Court[ ]  Registrar of Magistrates Court | [ ]  Chief Psychiatrist[ ]  Director of Forensic Disability |
| Name:      | Signature or seal: |
| Position:      | Date (DD/MM/YYYY):      |
| Address:      |
| Town / Suburb:      | State: | Postcode:     |
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| **Section 2 - Reasons for applying to the Mental Health Court to withdraw the reference** |
| Provide details:      |
| [ ]  **Where more space is required, additional details are provided in form 14 which is attached** |
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| **Section 3 - Person subject of reference *(if different to 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; GPO Box 48, Brisbane, QLD, 4001 |
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| **Section 4 - Agreement of parties to proceeding** ***(if applicable - to be completed by each party*)** |
| The parties to the proceeding have no objections to reference being withdrawn:[ ]  Person subject of reference[ ]  Director of Public Prosecutions [ ]  Chief Psychiatrist[ ]  Director of Forensic Disability |
| **Person subject of the reference** |  |  |
| Name:      | Signature: |
| Date (DD/MM/YYYY):      |
| Address:      |
| Town / Suburb:      | State: | Postcode:     |
| **Director of Public Prosecutions** |  |  |
| Name:      | Signature: |
| Designation:      | Date (DD/MM/YYYY):      |
| Address:      |
| Town / Suburb:      | State: | Postcode:     |
| **Chief Psychiatrist** |  |  |
| Name:      | Signature: |
| Designation:      | Date (DD/MM/YYYY):      |
| Address:      |
| Town / Suburb:      | State: | Postcode:     |
| **Director of Forensic Disability** |  |  |
| Name:      | Signature: |
| Designation:      | Date (DD/MM/YYYY):      |
| Address:      |
| Town / Suburb:      | State: | Postcode:     |
| **TO:** | **Registrar, Mental Health Court** registrarmhc@health.qld.gov.au; GPO Box 48, Brisbane, QLD, 4001 |
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| **Section 5 - Signature of registrar, Mental Health Court** |
| Signature: | *[seal]* |
| Name:      | Date (DD/MM/YYYY):      |
| **TO:** | **Person who made application to withdraw reference****Person subject of reference****Person’s lawyer****Director of Public Prosecutions****Chief Psychiatrist** **Director of Forensic Disability** |