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| Approved form no.: 17, version 1.00, 02/2017Email: registrarmhc@health.qld.gov.au | Proceeding number:      |

 |
| **Section 1 - Person to be examined** |
| Surname:      | Given name(s):      |
| Also known as:      | Date of birth (DD/MM/YYYY):      | or | Age:      |
| Address:      |
| Town / Suburb:      | State: | Postcode:     |
| Email address:      | Contact number:      |
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| **Section 2 – Recommendation or request and nominated examining practitioner** |
| [ ]  Assisting clinician **recommends *OR*** [ ]  Director of Public Prosecutions **requests**That the Mental Health Court make a court examination order requiring the person stated in section 1 to submit to an examination by the examining practitioner nominated below.The parties to the proceeding may make written submissions to the registrar on this recommendation or request by(date – DD/MM/YYYY):       |
| Name:      | Position:      |
| Address:      |
| Town / Suburb:      | State: | Postcode:     |
| Email address:      | Contact number:      |
|  |
| **Section 3 - Signature of registrar, Mental Health Court** |
| Signature: | *[seal]* |
| Name:      | Date (DD/MM/YYYY):      |
| *Note: if you require further information, contact the registrar of the Mental Health Court on (07) 3082 0554.* |
| **TO:** | **Person to be examined****Person’s lawyer****Director of Public Prosecutions****Chief Psychiatrist****Director of Forensic Disability** |