

URN: _____

Family name: _____

Given names: _____

DOB: _____ Gender: _____

APPLICATION FOR REVOCATION

Mental Health Act 2015

Forensic Community Care Order, Restriction Order, Community Care order, Forensic Psychiatric Treatment Order

I, _____, delegate to the Chief Psychiatrist / Care Coordinator,

Pursuant to the following section of the *Mental Health Act 2015*: (select one)

- 72(4): Action if **Community Care Order** and/or **Restriction Order** no longer appropriate
- 112(4): Action if **Forensic Community Care Order** no longer appropriate
- 113(4): Action if **Forensic Community Care Order** no longer necessary to detain at an approved community care facility
- 105(4): Action if **Forensic Psychiatric Treatment Order** no longer appropriate
- 106(4): Action if **Forensic Psychiatric Treatment Order** no longer appropriate to detain person at an approved mental health facility

In respect of:

Name of person: _____

Date of birth: ____ / ____ / _____

Residential address: _____

Date of order: ____ / ____ / _____ Reference number: _____

The Chief Psychiatrist / Care Coordinator's Office requests the ACT Civil and Administrative Tribunal (ACAT) review and revoke:

(select all applicable)

- Community Care Order
AND/OR
- Restriction Order
OR
- Forensic Community Care Order
AND/OR
- Release from detention from a stated community care facility
OR
- Forensic Psychiatric Treatment Order
AND/OR
- Release from detention from an approved mental health facility

Justification of request is as follows including treatment/care plan: [detail in point form and attach a separate page if necessary]



DO NOT WRITE IN THIS BINDING MARGIN

APPLICATION FOR REVOCATION

15162

I have informed the nominated person of this application to revoke the order Yes No

The nominated person is aware they are entitled to make a submission to the ACAT to review the order Yes No

I have informed the carer of this application to revoke the order Yes No N/A

The carer is aware they are entitled to make a submission to the ACAT to review the order Yes No N/A

The nominated person and or carer has provided the following information regarding whether or not the order continues to be appropriate:

Case manager: _____

Delegate of the Chief Psychiatrist / Care Coordinator: _____

Psychiatrist or treating physician: _____

Signature of delegate: _____

Print name Designation Date / /

+
+
+
+
+
+
+
+

DO NOT WRITE IN THIS BINDING MARGIN

15162(0318)