

ACT Health

Mental Health, Justice Health, Alcohol & Drug Services (MHJHADS)

WRITTEN NOTICE TO THE CARER AND/OR NOMINATED PERSON

Complete details or affix label

URN: _____

Family name: _____

Given names: _____

DOB: _____ Sex: _____

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

- 64 (1)(b)(i): Action if **Psychiatric Treatment Order** no longer appropriate:
- 64 (1)(b)(ii): Action if a **Restriction Order** in conjunction with a **Psychiatric Treatment Order** is no longer appropriate:
- 72 (b)(i): Action if **Community Care Order** is no longer appropriate:
- 72 (b)(ii): Action if a **Restriction Order** in conjunction with a **Community Care Order** is no longer appropriate:
- 105 (1)(b): Action if **Forensic Psychiatric Treatment Order** no longer appropriate:
- 106 (1)(c): Action if **Forensic Psychiatric Treatment Order** no longer appropriate to detain person:
- 112 (1)(b): Action if **Forensic Community Care Order** is no longer appropriate:
- 113 (1)(c): Action if a **Forensic Community Care Order** no longer appropriate to detain person:

the Chief Psychiatrist / Care Coordinator has formed the opinion that:

Name of person: _____

Date of birth: ____ / ____ / ____

Residential address: _____

is no longer a person to whom the ACT Civil and Administrative Tribunal (ACAT) could make the above mental health order, for the following reasons:

Is the carer or nominated person aware of any other information that may be relevant to whether the above mention order continues to be appropriate? Yes No. If yes please provide the information below:

The carer or nominated person is aware that any information provided by the carer or nominated person will be provided to the ACAT and the Public Advocate for consideration and will lead to the ACAT reviewing the above mentioned order: Yes No

Signature of Chief Psychiatrist / Care Coordinator or delegate: _____

Print name

Date

Contact number: _____



DO NOT WRITE IN THIS BINDING MARGIN

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