

URN: _____

Family name: _____

Given names: _____

DOB: _____ Sex: _____

**FORENSIC MENTAL HEALTH ORDERS
NOTIFICATION OF DETENTION**

This form must be completed when a person is detained at an approved mental health or community care facility under a forensic mental health order.

A copy of this form must be provided to the ACT Civil and Administrative Tribunal (ACAT) and the Public Advocate within **12 hours** of detention commencement.

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

- s120 (6): Detained under sub section s120 (5) (revocation of leave granted by ACAT)
- s123 (6): Detained under sub section s123 (5) (revocation of leave granted by relevant official)
- s124 (4): Contravention of Forensic Mental Health Order
- s125 (4): Contravention of Forensic Mental Health Order – absconding from facility

Name of person: _____

Date of birth: _____

Residential address: _____

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

Has been detained at the following approved mental health or community care facility:

Name: _____

Address: _____

Detention commenced: ____ / ____ / ____ (date) ____ (time)

The reasons for detention: _____

Signature of Chief Psychiatrist or delegate or Care Coordinator:

_____ / ____ / ____

Print name

Designation

Date

A copy of this determination has been included in the electronic record and provided to:

ACT Civil and Administrative Tribunal

Public Advocate of the ACT

Signature

Print name

Designation

Date



DO NOT WRITE IN THIS BINDING MARGIN

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