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ACT Health

# Application for a Further Period of Involuntary Detention - not exceeding 11 days

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

Complete details or affix label

URN: \_\_\_\_\_

Family name: \_\_\_\_\_

Given names: \_\_\_\_\_

DOB: \_\_\_\_\_ Gender: \_\_\_\_\_

*Pursuant to Section 85 (2) Mental Health Act 2015*

Name of person examined: \_\_\_\_\_ Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Involuntary detention commenced under Authorisation / Notification Involuntary Detention

at \_\_\_\_:\_\_\_\_ (time) on : \_\_\_\_/\_\_\_\_/\_\_\_\_ (date)

The person has  a mental disorder OR  a mental illness

Pursuant to section 85 (2) of the Mental Health Act 2015, I seek an order of the ACT Civil & Administrative Tribunal for an extension of the Emergency Detention for a further period (not exceeding 11 days).

Evidence that the person requires immediate treatment care or support:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Evidence that the person has refused treatment, care or support:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Evidence that the detention is necessary for the person's health or safety, social or financial wellbeing, or for the protection of someone else or the public:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Evidence that adequate treatment care or support cannot be provided in a less restrictive environment:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Psychiatrist: \_\_\_\_\_

Print name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Please give this form to the TRIBUNAL LIAISON OFFICER Fax: 6244 4558 who will forward to:  
ACT CIVIL & ADMINISTRATIVE TRIBUNAL Fax: 6205 4855 and  
PUBLIC ADVOCATE ACT Fax: 6207 0688**

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