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ACT Health

Notice of Intent to Revoke FPTO, CCO or FCCO

Mental Health Act 2015

Complete details or affix label

URN: _____

Family name: _____

Given names: _____

DOB: _____ Gender: _____

Forensic Psychiatric Treatment Order, Community Care Order or Forensic Community Care Order

This form must be completed when a person is no longer a person in relation to whom the ACT Civil and Administrative Tribunal (ACAT) could make a Forensic Psychiatric Treatment Order, Community Care Order or Forensic Community Care Order of the *Mental Health Act 2015*

Section 105 (Forensic Psychiatric Treatment Order) or 72 (Community Care Order) or 112 (Forensic Community Care Order)

I, Doctor _____,

pursuant to Section 105 or 72 or 112 of the *Mental Health Act 2015* advise that:

Name of person: _____

Date of birth: ___ / ___ / _____

Residential address: _____

is no longer a person in relation to whom the ACT Civil and Administrative Tribunal could make the above mental health order for the following reasons:

Provide any other information that may be relevant to whether the abovementioned order continues to be appropriate, that the carer or nominated person is aware of:

The carer or nominate person is aware that they are entitled to make a submission to the ACT Civil and Administrative Tribunal's review of the abovementioned order: Yes N/A

Please contact _____ if you require further information or clarification.

Case manager: _____ Region: _____

Signature of Chief Psychiatrist or delegate: _____

Print name _____ Designation _____ Date _____ / _____ / _____

The original of this form has been sent to: Tribunal Liaison Officer, Adult Mental Health Unit, TCH, Fax 6244 4558

Signature _____ Print name _____ Designation _____ Date _____ / _____ / _____

The completed form must be included on the person's electronic clinical record

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