* 1 5 1 7 6 *

ACT Health

Revocation of Leave

Forensic Mental Health Orders

Complete details or affix label

URN: _____

Family name: _____

Given names: _____

DOB: _____ Gender: _____

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

☐ Application for revocation of leave granted by the ACT Civil and Administrative Tribunal (ACAT):

The Chief Psychiatrist/Care Coordinator requests the stated person leave is revoked pursuant to:
s120 (1) (a) application for the revocation of granted leave

☐ **Application has been sent to the ACT Civil and Administrative Tribunal**

Signature | Print name | Designation | Date

OR

☐ Revocation of Leave granted by the Chief Psychiatrist/Care Coordinator:

Pursuant to s123 (4)
The Chief Psychiatrist/Care Coordinator revokes leave granted under (select one)

- ☐ s121 Leave granted by a relevant official
- ☐ s122 Leave in emergency or special circumstances

S123 (2)
Copy of this notice has been provided to:
☐ **the person; and if appropriate,** ☐ **the corrections director general** ☐ **N/A**

Signature | Print name | Designation | Date

Name of person: _____

Date of birth: _____ /_____ /_____

Residential address: _____

S123 (3)(a) The Chief Psychiatrist / Care Coordinator (or delegate) believes on reasonable grounds it is necessary to revoke leave because the person –

- ☐ is doing, or is likely to do, serious harm to themself or someone else, or
- ☐ is suffering, or is likely to suffer, serious mental or physical deterioration; or
- ☐ is seriously endangering, or is likely to seriously endanger, public safety; or
- ☐ has contravened a condition of the conditions of leave

Explanation:

_____

_____

_____

S123 (5) Approved Mental Health or Community Care facility:

If a person's leave is revoked under this section a police officer, authorised ambulance paramedic, doctor or mental health officer may apprehend the person and take the person to the following facility.

Name of facility: _____

Address: _____

Signature of Chief Psychiatrist or their delegate or Care Coordinator: _____

Print Name: _____ **Date:** _____ /_____ /_____

Revocation of Leave