

ACT Health

Forensic Mental Health Orders

LEAVE IN EMERGENCY OR SPECIAL CIRCUMSTANCES

Complete details or affix label

URN: _____

Family name: _____

Given names: _____

DOB: _____ Sex: _____

Pursuant to the following section of the *Mental Health Act 2015*:

Approval for leave from detention in emergency or special circumstances:

The Chief Psychiatrist / Care Coordinator has considered the below request for leave in emergency or special circumstances pursuant to:

s122 (2)(a) and (b)

Leave in emergency or special circumstances

AND

Notification of leave from detention:

The Chief Psychiatrist / Care Coordinator advises the stated person request for leave is

GRANTED

REFUSED

And notifies the stated persons as such pursuant to:

s122 (4)(a) and (b)

If leave is granted under this section, the Chief Psychiatrist / Care Coordinator must give written notice to the person and if the person is subject to a corrections order – the corrections director general

Copy of this notice provided to ACT Civil and Administrative Tribunal (ACAT), the person; and if appropriate, the corrections director general

Name of person: _____

Date of birth: _____

Residential address: _____

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

Detained at (Approved Mental Health or Community Care facility): _____

Purpose of leave: _____

Period of leave: From: ____ / ____ / ____ To: ____ / ____ / ____

Subject to the following conditions:

The person has not previously applied for leave based on the same emergency or special circumstances

ACAT or the relevant official has not refused to grant the leave

If the person is on a correctional order the corrections director general is notified

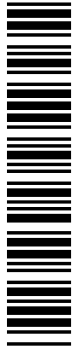
Any other condition: _____

Signature of relevant official being Chief Psychiatrist or Care Coordinator:

Print name

Date

____ / ____ / ____



DO NOT WRITE IN THIS BINDING MARGIN

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