



ACT Health

# Notification of Action Following Release from Court Ordered Custody

Dhulwa Mental Health Unit (DMHU)

Complete details or affix label

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

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

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

DOB: \_\_\_\_\_ Sex: \_\_\_\_\_

Mental Health, Justice Health, Alcohol and Drug Service (MHJHADS)

*Mental Health Act 2015*

This form must be completed by the Consultant Psychiatrist or Clinical Director (DMHU) when a person is admitted to a secure mental health facility on transfer from a correctional facility or place of detention and is released from court ordered custody.

Surname: \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_

**The person's correctional status has changed due the following event (s. 144C(1)):**

- The person's sentence of imprisonment has ended;
  - The person has been released on parole;
  - The person has been otherwise released on the order of the court;
  - The relevant charges against the person have been dismissed; or
  - The DPP has determined that the relevant charges against the person will not proceed;
- and, in any case - the person is not required to be detained under another court order.

**The person's current status under the *Mental Health Act 2015* is:**

- Voluntary
- Subject to Emergency Detention (s. 85)
- Subject to a Mental Health Order:
  - PTO (s. 58)       CCO (s. 66)
- Subject to a Forensic Mental Health Order:
  - FPTO (s. 101)       FCCO (s. 108)

**The following actions have been taken (s. 144C(2)):**

- The person has been discharged from DMHU
- Treatment, care or support for the person is continuing:
  - At the request of the person
  - At the request of a person with parental responsibility for the person
  - As a result of a transfer direction made by the Director-General (s. 144E)
  - Under the *Mental Health Act 2015*, as indicated above.

**Signature of Consultant Psychiatrist or Clinical Director (DMHU):**

Signature	Print name	Designation	Date/time

Please give the original of this form to the Administration and Data Manager.

A copy of this form must be provided to:

- ✓ the person,
- ✓ the ACAT,
- ✓ the Office of the Public Advocate

and any or all of the following (tick all relevant):

- each person with parental responsibility       Guardian
- Nominated Person       Attorney

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