

MHRT USE ONLY – BOOKING DETAILS

DAY: \_\_\_\_\_

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

TIME: \_\_\_\_\_

1  2  3

4  OVP

BOARD

LIVE  VIDEO

PEXIP  PAPERS

PHONE

COMMUNITY TREATMENT ORDER HEARING APPLICATION FORM

Civil Jurisdiction – Mental Health Act 2007

PO Box 247 Gladesville NSW 1675 | Tel. 1800 815 511

Email: MHRT-Civil@health.nsw.gov.au

Website: www.mhrt.nsw.gov.au



CLIENT DETAILS

MHRT NO: \_\_\_\_\_ MRN: \_\_\_\_\_

Surname: \_\_\_\_\_ Given name(s): \_\_\_\_\_

Date of birth: \_\_\_\_\_  Male  Female  Aboriginal/Torres Strait Islander

Disability:  None  Vision  Hearing  Mobility  Other: \_\_\_\_\_

Country of birth: \_\_\_\_\_ Interpreter:  No  Yes – language: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Mental Health Facility: \_\_\_\_\_ Date detained: \_\_\_\_\_

Assessable  Involuntary  Voluntary  In Community Date involuntary: \_\_\_\_\_

s51 Community treatment order **s52(4)(b) – Listing with less than 14 days’ notice - best interests**

Reason for **s156– Preliminary hearing - access to medical records**

s52(4)(b)/s156: \_\_\_\_\_

For information on s52(4)(b) and service of notice requirements, please see [Practice Direction 2 of 2023 – Community Treatment Orders](#) which can be found on the Documents page of the MHRT website. For information on s156 please see the [Mental Health Act 2007](#).

Current Order:  None  MHRT  Magistrate Expiry date: \_\_\_\_\_

Applicant Name: \_\_\_\_\_ Position: \_\_\_\_\_ Ph: \_\_\_\_\_

The applicant must be an **Authorised Medical Officer** of a mental health facility in which the client is detained or is a patient; a **Medical Practitioner**, a **Director (or Deputy Director delegate) of Community Treatment** who is familiar with the client’s clinical condition; the **designated carer** or the identified **principal care provider** for the subject person.

Client Notified - Date: \_\_\_\_\_  In person  By email  By post

Carer Notified - Date: \_\_\_\_\_  In person  By email  By post

Declared Community Health Facility: \_\_\_\_\_

OTHER APPLICATION(S) (Please refer to the relevant section(s) of the [appropriate hearing kit](#) regarding requirements)

s44 Appeal against a refusal to discharge  s46 NSW TGA Application for financial management order

s65 Application to revoke CTO  s67(2) Appeal against Magistrate’s CTO

Hearing Venue: \_\_\_\_\_

Date preferred: \_\_\_\_\_ Time preferred: \_\_\_\_\_

Hearing type:  Live  Video – VMR: \_\_\_\_\_  Phone – number: \_\_\_\_\_

Venue Contact name: \_\_\_\_\_ Position: \_\_\_\_\_

Mobile: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Other Notes: \_\_\_\_\_

MHRT USE ONLY – CONFIRMATION OF BOOKING

Applicant advised Letter posted to client on \_\_\_\_/\_\_\_\_/\_\_\_\_

Confirmed Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Confirmed by: \_\_\_\_\_

MHAS required  Security required

OTHER DETAILS: \_\_\_\_\_

PLEASE EMAIL COMPLETED FORM TO [MHRT-Civil@health.nsw.gov.au](mailto:MHRT-Civil@health.nsw.gov.au)