

**MHRT USE ONLY – BOOKING DETAILS**

DAY: \_\_\_\_\_  
DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_ TIME: \_\_\_\_\_  
 R1  R2  R3  R4  OVP  BOARD  SPARE  
 LIVE  VIDEO  PEXIP  PHONE  PAPERS

# APPLICATION TO VARY OR REVOKE A COMMUNITY TREATMENT ORDER

**Mental Health Act 2007, Section 65**

Email: [MHRT-Civil@health.nsw.gov.au](mailto:MHRT-Civil@health.nsw.gov.au)  
Web: [www.mhrt.nsw.gov.au](http://www.mhrt.nsw.gov.au) | Tel. 1800 815 511



MENTAL HEALTH FACILITY: \_\_\_\_\_  
CONTACT PERSON: \_\_\_\_\_  
TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

**A Community Treatment Order was made on** \_\_\_\_/\_\_\_\_/\_\_\_\_ **in relation to:**  
SURNAME: \_\_\_\_\_ FIRST NAME(S): \_\_\_\_\_  
MRN: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_  
COUNTRY OF BIRTH: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_  MALE  FEMALE

by  **the Mental Health Review Tribunal.**  
 **a Magistrate** under s20 of the *Mental Health & Cognitive Impairment Forensic Provisions Act 2020* (attach order)

I, \_\_\_\_\_, being  
 the person for whom the order was made  
 the Case Manager implementing the order at the current Mental Health Facility  
 a person who could have applied for the order - refer MHA s51(2)  
do hereby apply for the order to be  revoked.  
 varied as follows: \_\_\_\_\_

To vary or revoke a CTO, **there must be substantial or material change in the circumstances since the order was made OR new and relevant information must be available.** Please detail how your application meets these criteria.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**The new Mental Health Facility, \_\_\_\_\_, has agreed to implement a varied order in respect of this client and has submitted the attached treatment plan.**

**New Case Manager:** \_\_\_\_\_ **Mobile:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

APPLICANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

APPLICANT NAME: \_\_\_\_\_ POSITION: \_\_\_\_\_

**MHRT USE ONLY – CONFIRMATION OF BOOKING** **MHRT NO:** \_\_\_\_\_

VENUE NAME: \_\_\_\_\_  VENUE CONFIRMED  
VENUE ADDRESS: \_\_\_\_\_  
CONTACT: \_\_\_\_\_ POSITION: \_\_\_\_\_ MOBILE: \_\_\_\_\_  
PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ EMAIL: \_\_\_\_\_  
HEARING TYPE:  LIVE  VIDEO – VMR: \_\_\_\_\_  PHONE – NUMBER: \_\_\_\_\_  PAPERS  
 DOCTOR/CASE MGR/OTHER CONTACTED - NAME: \_\_\_\_\_ MOBILE: \_\_\_\_\_  
 INTERPRETER REQUIRED– LANGUAGE: \_\_\_\_\_  
 MHAS REQUIRED - CONFIRMED WITH: \_\_\_\_\_  
 SECURITY REQUIRED – Email sent to Admin Officer to confirm (cc Senior Admin & Tribunal Liaison)  **LETTER SENT TO CLIENT**  
OTHER DETAILS AND/OR SPECIAL ARRANGEMENTS: \_\_\_\_\_