APPLICATION FOR VARIATION OR REVOCATION OF A FORENSIC COMMUNITY TREATMENT ORDER
Mental Health Act 2007, Section 65

FACILITY: ..............................................................................................................................................

CONTACT PERSON: .....................................................................................................................................

PHONE: ..................................................................................................................................................... FAX: .................................................................................................................................

On ................................................................................................................................. a Forensic Community Treatment Order was made in relation to ...............................................................................................................................................................

(insert date FCTO made)

(insert patient's name)

I .............................................................................................................................. being:

☐ The person for whom the order was made
☐ A medical officer authorised by Justice Health
☐ The psychiatric case manager for the affected person
☐ A person who could have made the initial application
  ☐ A medical practitioner who is familiar with the clinical history of the affected person
  ☐ A director of community treatment of a mental health facility who is familiar with the clinical history of the affected person
  ☐ A designated carer, or the principal care provider, of the affected person

Do hereby apply for the order to be:

☐ Varied     ☐ Revoked

For the following reasons:
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If variation to a new treating team please complete the following:

The ................................................................................................................................. has agreed to implement a varied order in respect of this client and has submitted the attached treatment plan.

The new case manager will be: ..........................................................................................

Tel: ....................................... Fax: .........................................................

NAME OF APPLICANT: .....................................................................................................................

SIGNATURE: ........................................................... DATE: ..............................................................................

Please send this application with a copy of the proposed new Treatment Plan to the Tribunal by:
Fax: 9879 6811 or Email: mhrforensic@doh.health.nsw.gov.au