



Application for summons to be issued

May 2020

Before completing this form, refer to MHRT's Practice Direction on Issuing a Summons under S.157 Mental Health Act 2007 for detailed information about requesting a summons. This can be downloaded from our website at www.mhrt.nsw.gov.au .

The completed form should be emailed to the Registrar at MHRT-MHRT@health.nsw.gov.au

DETAILS

Division Mental Health Inquiries Civil Forensic

MRN

PARTY NAMES

Applicant

Respondent

Other:

PARTY APPLYING TO ISSUE THE SUMMONS

Issued at request of Applicant Respondent Other (please specify)

Name

Address

Contact details Home Work Mobile

PERSON TO BE SUMMONSED

Name

Address

REASONS FOR THE REQUEST

Identify the issue in dispute that the evidence or documents is relevant to and explain how the evidence or documents relate to that issue.

DECLARATION

I declare that:

1. (a) I have asked this person whether he/she is prepared to attend the hearing to give evidence or to produce documents voluntarily and he/she has refused

OR

- (b) I believe that this person is unlikely to attend to give evidence or to produce documents without a summons being issued.
2. I undertake that at the time of service, or at some reasonable time before the person to whom the summons is addressed is required to comply, allowance and travelling expenses sufficient to meet the person's reasonable expenses of complying with the summons will be paid or tendered to the person.
3. A summons form has been completed and is attached to this application for MHRT's consideration.
4. I understand that the separate 'Summons' form must be completed and a separate fee must be paid for each summons to be issued. Refer to the amounts payable under the [Uniform Civil Procedure Rules 2005](#).

Date

Signature

ORDERS (OFFICE USE ONLY)

The issue of the summons is:

Approved

Refused

Fee paid

The summons is to be served on or before:

Any conditions:

Signature

Date

President / Deputy President / Registrar