

MHRT USE ONLY – BOOKING DETAILS

DAY: _____

1 2 3

LIVE VIDEO

DATE: ____/____/____

4 OVP

PEXIP PAPERS

TIME: _____

BOARD

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: _____

Determination Email _____

Distribution List: _____

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