

APPLICATION FOR VARIATION OR REVOCATION FORENSIC COMMUNITY TREATMENT ORDER



Section 65 Mental Health Act 2007

FACILITY:

CONTACT NAME:

CONTACT EMAIL:

PHONE:

On _____, a Forensic Community Treatment Order was made in relation to

CLIENT NAME:

MIN:

Linked to CTT:

Yes

No

RELEASE DATE:

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:

Variation to a new treating team

_____ have agreed to implement a varied order

(Insert name of receiving Treating Team)

in respect of this client and have submitted the attached Treatment Plan. The new case manager will be:

CASE MANAGER NAME:

EMAIL ADDRESS:

TELEPHONE:

APPLICANT NAME:

APPLICANT SIGNATURE:

DATE:

Please forward this application, with a copy of the new Treatment Plan for a variation or existing Treatment Plan for a revocation, to MHRT-Forensic@health.nsw.gov.au.