

Forensic Patient Review NOTICE OF INTENT



Email: MHRT-Forensic@health.nsw.gov.au

Telephone: 1800 815 511

Form must be returned 6 weeks prior to hearing date

Client Name:	MHRT No:
Agency/Facility:	Date of Birth:
Contact Name:	Position:
Email:	Telephone:

NEW ORDER IN SAME TERMS *(please review the patient's current order and tick if you wish it to continue)*

LEAVE *(please provide details of the order being sought on the next page)*

Escorted Day Leave

Unsupervised Day Leave

Supervised Day Leave

Unsupervised Overnight Leave

Supervised Overnight Leave

RELEASE *(please provide details of the order being sought on the next page)*

Conditional release

Unconditional release

with CTO

In accordance with the Tribunal's [Practice Direction Forensic No.1 Procedures and Time Frames: Forensic Patients](#), I confirm that that the independent report required under s 84(1)(b) of the *Mental Health and Cognitive Impairment Forensic Provisions Act 2020* will be available no later than 2 weeks prior to the hearing.

VARIATION *(please provide details of variation on the next page e.g. CMHT case manager, psychiatrist)*

Detention order

Conditional release order

Psychiatrist

Case Manager

General Practitioner

Change of Address

Change of Health Care Agency

Other change

EXTENSION OF PERIOD OF REVIEW *(12 months maximum)*

Period of review requested:

FINANCIAL MANAGEMENT ORDER *(please provide details on the next page if partial estate).*

Whole Estate

Part of the Estate

IMPORTANT NOTICE – FORM DUE 6 WEEKS BEFORE HEARING

The Tribunal must give notice of applications to the Minister for Health and to the Attorney General who have a right to appear and/or make submissions to the Tribunal in relation to the possible release or grant of leave of absence of a forensic patient.

If there are victims registered through the Specialist Victims Register, the Tribunal will also need to send a hearing notice to the Specialist Victims Support Service (SVSS).

If the Notice of Intent is not received by the Tribunal at least 6 weeks prior to the hearing date, the Tribunal may not be able to consider an application for a change in the existing order. For more information, please refer to the Tribunal's [Practice Direction Forensic No.1 Procedures and Time Frames: Forensic Patients](#).

DETAILS OF THE ORDER SOUGHT

Please provide details of the changes sought, including any proposed conditions or restrictions. Reference to the current order's clause number/s are welcome where specific changes are sought to the existing order.

Form Completed by:

Name:

Position:

Email:

Telephone:

Signature:

Date: