

# NOTICE OF APPLICATION AND HEARING TO VARY A FORENSIC COMMUNITY TREATMENT ORDER

*For those released or proposed to be released from a correctional centre*



CLIENT NAME:

DOB:

MIN:

FACILITY:

## **A Forensic Community Treatment Order (FCTO) was made for you on**

An Application has been made to the Mental Health Review Tribunal to change your FCTO. A new Treatment Plan has been given to the Tribunal. The new Plan is from the Community Mental Health Team in your local area once you have left custody. A copy of that Plan will be given to you by your treating team with this Notice.

The Application was made by

## **Will there be a hearing?**

The Tribunal can change the FCTO to the new Treatment Plan without a hearing.

If you would like to speak to the Tribunal at a hearing about changing the Treatment Plan you can speak to your lawyer or contact the Tribunal.

## **Do you want to speak to a lawyer?**

If you want to speak to a lawyer, you can contact the Mental Health Advocacy Service through LawAccess on 1300 888 529.

## **What happens if the Tribunal approves the change in Treatment Plan?**

Your treating team will provide you with a copy of the new Order and the approved Treatment Plan. You will be required to take treatment as outlined in your new plan.

The new Order will end on the same day as the FCTO.

NSW Mental Health Review Tribunal

Tel: (02) 9816 5955 | Toll Free: 1800 815 511 | Email: [MHRT-Forensic@health.nsw.gov.au](mailto:MHRT-Forensic@health.nsw.gov.au)

PO Box 247 Gladesville NSW 1675 | [www.mhrt.nsw.gov.au](http://www.mhrt.nsw.gov.au)

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**THIS PAGE TO BE COMPLETED BY THE TREATING TEAM**

CLIENT NAME:

DOB:

MIN:

FACILITY:

**Who can apply to vary the CTO?**

- The client;
- The psychiatric case manager implementing the order;
- A person who could have applied for the original order;
- A person authorised by JHFMHN (FCTO variations only)

**Does the client wish to speak with a lawyer?**

Yes The treating team should assist the person to contact LawAccess on 1300 888 529 or their own lawyer.

No

## **SERVICE OF NOTICE**

The Notice Form in this document and a copy of the proposed treatment plan was served on the client named above on

Details of how notice was served:

## **CONFIRMATION**

*This section should be completed by the applicant or the person who has served the notice on the applicant's behalf (their delegate).*

I confirm that I have notified the client as set out above in writing of the application and provided a copy of the proposed treatment plan with that notice.

**Applicant Name**  
(or delegate)

**Signature**

**Date Signed**

CTO Variations should be forwarded to [MHRT-Civil@health.nsw.gov](mailto:MHRT-Civil@health.nsw.gov).

FCTO Variations should be forwarded to [MHRT-Forensic@health.nsw.gov.au](mailto:MHRT-Forensic@health.nsw.gov.au)

For further information please contact the Tribunal on 02 9816 5955 or 1800 815 511