# Application for Applicant Review

Mental Health Act 2016

Sections 413(2), 417, 433(2), 438, 465, 470, 486(2) & 726 No. F-01-v2

**There is no limit on the number of applications that can be made to the Mental Health Review Tribunal, however, the President may dismiss an application for an applicant review if the President is satisfied the application is frivolous or vexatious.**

**Applicant’s details**

[ ]  Patient

[ ]  An interested person or person on behalf of the patient 🡪 Specify relationship

NB: A member of the person’s treating team is not considered an interested person for these purposes

[ ]  Attorney-General

[ ]  Chief Psychiatrist

[ ]  Director of Forensic Disability

|  |  |
| --- | --- |
| Given name/s | Family name |
| Address |
| Town/suburb | State | Postcode |
| Phone No. |

**Application**

**I am applying to the Mental Health Review Tribunal for a review of:**

[ ]  the patient’s Treatment Authority

[ ]  the patient’s Treatment Support Order

[ ]  the patient’s Forensic Order

[ ]  the patient’s Fitness for Trial

**Patient details**

|  |  |
| --- | --- |
| Given name/s | Family name |
| Address |
| Town/suburb | State | Postcode |
| Phone No. |
| Date of birth / / **or** Age |
| Authorised Mental Health Service or Forensic Disability Service:  |

**State the orders sought**

The order(s) sought must be an order that the Tribunal can make in accordance with the *Mental Health Act 2016*.

[ ]  Change to category of the authority/order (i.e. inpatient or community)

[ ]  Change to limited community treatment (conditions on the authority or order)

[ ]  Revocation of the authority/order

[ ]  Other 🡪 Specify order/s sought below. Note: the Tribunal cannot change the medication the person receives as part of their treatment

**Reasons why the orders are sought / the application is required**

|  |  |
| --- | --- |
| **Signature** | **Date** |

Thank you for completing this Application. Please return it to the Tribunal by one of the following methods:

Post to: MHRT, PO Box 15818, City East, Brisbane, QLD, 4002

Fax to: 07 3234 1540

Email to: enquiry@mhrt.qld.gov.au