

Sentencing Act 1991

Section 93(1)(b)

Sentencing Regulations 2002

Regulation 12(2)

Form 5B

REF NUMBER:

DATE OF HEARING:

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REPORT OF AUTHORISED PSYCHIATRIST FOR RESTRICTED INVOLUNTARY TREATMENT ORDER

TO THE COURT

_____ GIVEN NAME/S FAMILY NAME (BLOCK LETTERS) of defendant
of: _____ defendant's address

(1) I _____ GIVEN NAME/S FAMILY NAME (BLOCK LETTERS) of authorised psychiatrist
am the authorised psychiatrist of the approved mental health service:
_____ name of approved mental health service
_____ address of approved mental health service

(2) I have read the certificate of Dr _____ full name of certifying psychiatrist
dated: _____ concerning the defendant.

(3) I recommend the making of a restricted involuntary treatment order under section 93 of the **Sentencing Act 1991**.

(4) There are facilities or services available at the approved mental health service named above for the treatment of the defendant.

(5) Additional comments:

Signed: _____ signature of authorised psychiatrist Date: _____

Qualifications: _____ Telephone No.: _____

**Notes to completing the
REPORT OF AUTHORISED PSYCHIATRIST FOR
RESTRICTED INVOLUNTARY TREATMENT ORDER (Form 5B).**

1. The authorised psychiatrist of the approved mental health service (or a delegated authorised psychiatrist under s.96(4) of the **Mental Health Act 1986**) must complete the *Report of authorised psychiatrist for restricted involuntary treatment order* (Form 5B) if he or she agrees a restricted involuntary treatment order should be made.

2. The delegated/authorised psychiatrist must have sighted a completed *Certificate of Psychiatrist for Restricted Involuntary Treatment Order* (Form 4B) – see paragraph (2) over page.

The Form 4A is completed by a qualified psychiatrist and provided to the court. The court will send a copy to the delegated/authorised psychiatrist at the time it refers the defendant for treatment.

3. The delegated/authorised psychiatrist may ask for any available information from the court about the defendant and the offence, and may request to personally examine the defendant, or have a delegate examine the defendant, before making a decision about whether or not to recommend the making of a restricted involuntary treatment order.

4. The delegated/authorised psychiatrist must also report whether the approved mental health service has the necessary facilities or services available to treat the defendant's illness.

5. This *Report of authorised psychiatrist for restricted involuntary treatment order* (Form 5B) should be sent to the court that requested the report.