

**Mental Health and Wellbeing Act 2022
Section 190**

**MHWA 113
Application for Another Treatment
Order**

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Mental Health Statewide UR Number

Local Patient Identifier									
FAMILY NAME									
GIVEN NAMES									
DATE OF BIRTH						SEX	GENDER		

Place patient identification label above

Instructions to complete this form

- This form is used to apply to the Mental Health Tribunal to seek another Treatment Order when a person's current Treatment Order is due to expire and the Authorised Psychiatrist or Delegate is satisfied that another Treatment Order should be made.
 - Do not use this form for a person currently subject to a Temporary Treatment Order. The Mental Health Tribunal will schedule a hearing without the need for an application if a person subject to a Temporary Treatment Order remains on the Order at the end of the 28-day period of the Temporary Treatment Order.
 - The maximum duration of a Treatment Order you can recommend for a person 18 years or over is 6 months.
 - The maximum duration of a Treatment Order you can recommend for a person under 18 years is 3 months.
- An application must be made at least 10 business days before the expiry of the person's existing Treatment Order unless otherwise accepted by the principal registrar.
- You may only recommend an Inpatient Treatment Order if you are satisfied that treatment of the person cannot occur in the community

GIVEN NAMES

FAMILY NAME (BLOCK LETTERS)

a patient of:

who is subject to:

Designated Mental Health Service

- a Community Treatment Order
 - an Inpatient Treatment Order—that expires on:
- (please cross one option only)

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date

To the Mental Health Tribunal

- I have examined the abovenamed person on.

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 at:

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date
time 24 hour
- I am satisfied that **all** the following compulsory treatment criteria in section 143 of the **Mental Health and Wellbeing Act 2022** apply to the person:
 - the person has mental illness; and
 - because the person has mental illness, the person needs immediate treatment to prevent—
 - serious deterioration in the person's mental or physical health; or
 - serious harm to the person or to another person; and
 - the immediate treatment will be provided to the person if the person is subject to a Treatment Order; and
 - there are no less restrictive means reasonably available to enable the person to receive the immediate treatment.
- In determining whether the treatment criteria apply to the person, I have had regard to:

<input type="checkbox"/> the views and preferences of the person and their reasons	<input type="checkbox"/> the views of a carer, if making a Treatment Order will directly affect the care relationship
<input type="checkbox"/> the person's advance statement of preferences	<input type="checkbox"/> the views of the Secretary, Department of Families Fairness and Housing if that Secretary has parental responsibility for the person under a Relevant Child Protection Order
<input type="checkbox"/> the views and preferences expressed by a nominated support person	
<input type="checkbox"/> the views of a parent, if the person is under the age of 16 years	
<input type="checkbox"/> the views of any guardian of the person (please cross <input checked="" type="checkbox"/> one option only)	
- I have given proper consideration to the decision-making principles for treatment and interventions.
- I recommend that the Mental Health Tribunal makes:

<input type="checkbox"/> a Community Treatment Order for the person with a duration of:	<table border="1" style="display: inline-table;"><tr><td></td><td></td><td></td><td></td></tr></table>					<input type="checkbox"/> months
<input type="checkbox"/> an Inpatient Treatment Order for the person with a duration of:		<input type="checkbox"/> weeks				

(please cross one option only)

Signature:

signature of Authorised Psychiatrist or Delegate

Date:

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Given Names:

Family Name:



MHWA113

ROLLS AUSTRALIA 1300 600 192

**JULY
2023**

Application for Another Treatment Order

MHWA 113

