

Mental Health and Wellbeing Act 2022
Section 206, 226, 537, 548, 558

MHWA 114
Application to Mental Health Tribunal

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Mental Health Statewide UR Number

Local Patient Identifier																			
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FAMILY NAME

GIVEN NAMES

DATE OF BIRTH	SEX	GENDER
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Place patient identification label above

Instructions to complete this form

- This form is to be used when a patient wants to make an application to the Tribunal:
 - to end their compulsory treatment (complete **Part A**)
 - to stop their transfer to another Designated Mental Health Service (complete **Part B**). This application must be made within 20 business days after the transfer decision; or
 - to review a refusal to grant a security patient leave of absence (complete **Part C**).
- An application under Part A or B can be made by:
 - the patient or any person at the request of the patient, including a mental health advocate; or
 - a guardian, a parent if the patient is under 16 years, the Secretary of the Department of Families, Fairness and Housing, if that Secretary has parental responsibility for the person under a Relevant Child Protection Order.
- An application under Part C can be made by the security patient.
- Please the type of application you want to make.

GIVEN NAMES

FAMILY NAME (BLOCK LETTERS) of patient

address:

address of patient

a patient of:

Name of Designated Mental Health Service

To the Mental Health Tribunal

Part A: Application against compulsory treatment
(tick here)

1. I am a compulsory / security patient.
2. I do not want to have compulsory treatment.
3. I want the Tribunal to revoke my Treatment Order or Temporary Treatment Order or discharge me as a security patient.

Part B: Application against transfer to another Designated Mental Health Service
(tick here)

1. The Authorised Psychiatrist has transferred me / is going to transfer me to the following Designated Mental Health Service:

name of receiving Designated Mental Health Service
2. I do not / did not want to be transferred.
3. I want the Tribunal to review the decision.

Part C: Application against refusal to grant leave of absence (security patients only)
(tick here)

1. I am a security patient.
2. The Authorised Psychiatrist has refused to grant me the following leave of absence:
3. I want the Tribunal to review the decision.

Signature:

signature of person making application

Date:

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Given Names:

Family Name:

Address:

Telephone:

If you are not the patient, please indicate your relationship to the patient:



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ROLLS AUSTRALIA 1300 600 192

JULY 2023

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