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| Application for Review  Sections 79(1), 80(1) and 81(1) Mental Health (Compulsory Assessment and Treatment) Act 1992 |

To: The Convenor

Mental Health Review Tribunal

PO Box 10407

Wellington, 6140

Tel 0800 114 645

# Instructions

(i) Please tick the relevant boxes.

(ii) All sections must be completed.

(iii) Unless specified, it will be assumed that the patient is the applicant.

# Patient details (if the patient is not the applicant, please also complete the box on page 3)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Patient’s full name | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| Patient’s contact address | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| Phone | | | | | | | | | | | | Fax | | |
|  | | | | | | | | | | | |  | | |
| Place of treatment | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| Phone | | | | | | | | | | | | Fax | | |
|  | | | | | | | | | | | |  | | |
| Date of birth | | | | | | | | |  | | Gender | | |  |
|  |  | |  |  |  |  |  |  |  | |  | | |  |
| Ethnicity | | | | | | | | | | |  | | | |
|  | | Māori – iwi affiliation | | | | | | | |  | | | New Zealand European | |
|  | | Samoan | | | | | | | |  | | | Tongan | |
|  | | Asian – If Asian, indicate ethnicity – | | | | | | | |  | | | Fijian | |
|  | | Cook Islander | | | | | | | |  | | | Other – | |

# Nature of order

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| (a) Compulsory treatment |  | (b) Special patient |  | (c) Restricted patient | |
| (i) s29 community |  | (i) s24(2)(a)\* unfit to stand trial |  | s55 |  |
| (ii) s30 inpatient |  | (ii) s24(2)(a)\* insanity |  |  |  |

\* Criminal Procedure (Mentally Impaired Persons) Act 2003 (or equivalent under the Criminal Justice Act 1985)

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| Date of current order | | | | | | | |  |
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| **Criminal proceedings:** If the patient is under a s29 community treatment order or a s30 inpatient treatment order, does that result from an order being made in criminal proceedings? | | | | | | | | | | | | | | | |
|  | | Yes | | | | | | | | | | | | | |
|  | | No | | | | | | | | | | | | | |
| Date of last clinical review | | | | | | | | | |  | | | | | |
|  |  | |  |  |  | |  |  |  |  | | | | | |
| Is the patient an inpatient living in the community on extended leave? | | | | | | | | | | | | | | | |
|  | | Yes | | | | | | | | | | | | | |
|  | | No | | | | | | | | | | | | | |
| If the patient is either under a s29 community treatment order or a s30 inpatient order is that order: | | | | | | | | | | | | | | | |
|  | | (1) a six-month order? | | | | | | | | | | | | | |
|  | | (2) an indefinite order? | | | | | | | | | | | | | |
| Name and address of responsible clinician | | | | | | | | | | | |  | Name and address of welfare guardian | | |
|  | | | | | | | | | | | |  |  | | |
| Phone | | | | | |  | | | | | Fax |  | Phone |  | Fax |
|  | | | | | |  | | | | |  |  |  |  |  |

# Hearing

|  |  |
| --- | --- |
| **Ethnic identity:** Pursuant to s103 of the Mental Health (Compulsory Assessment and Treatment) Act 1992 a patient or applicant can request the Review Tribunal to co‑opt a suitable person of the same ethnic identity as the patient. | |
| Does the patient and/or the applicant wish the Tribunal to co‑opt a person of the same ethnicity as the patient? | |
|  | Yes |
|  | No |
| If yes, please identify ethnicity: | |
| **Interpreter** | |
| Is an interpreter required? | |
|  | Yes |
|  | No |
| If yes, please specify language: | |

|  |  |  |  |
| --- | --- | --- | --- |
| To be completed if the applicant is not the patient | | | |
|  | Full name of applicant |  |  |
| Address of applicant |  |
| Contact telephone number for applicant |  |
| Relationship to patient | Welfare guardian |
| Principal caregiver |
| Usual medical practitioner |
| District inspector |
| Official visitor |
|  | | | |

Dated this       day of       20

|  |  |  |
| --- | --- | --- |
| Applicant’s signature |  | Applicant’s full name |
|  |  |  |

# NB. If a Certificate of Clinical Review is available, please attach.