

Warrant to apprehend proposed patient or patient

Section 113A(4), Mental Health (Compulsory Assessment and Treatment) Act 1992 ("the Act")

The District Court at: *Location*

Court Reference Number:

To every constable:

I am satisfied, on an application made by the Director of Area Mental Health Services, that the proposed patient (*or patient*) named below is refusing to attend at:
(name and address of hospital or other place)

In accordance with a requirement to attend at that place for:

*(a) an assessment examination under section 9 of the Act

or

*(b) an assessment to which a notice given under section 11 or section 13 of the Act relates

or

*(c) an examination to which a notice given under section 14A(3)(b) of the Act relates

or

*(d) a hearing to which a notice given under section 14A(3)(c) of the Act relates

or

*(e) a review to which a notice given under section 76(1A) of the Act relates

Or

I am satisfied, on an application made by the Director of Area Mental Health Services, that the patient named below is subject to a community treatment order and is refusing to attend for treatment, in accordance with the order, at:

(name and address of hospital or other place)

Or

I am satisfied, on an application made by the Director of Area Mental Health Services, that the patient named below is subject to an inpatient order and is absent from:

(name and address of hospital)

either:

*(a) without leave

or

*(b) when the patient's leave of absence from the hospital has expired or has been cancelled.

**Delete if inapplicable.*

Particulars of the proposed patient (*or patient*) are as follows:

Name of proposed patient (or patient)

Date of birth of proposed patient (or patient)

Address of proposed patient (or patient)

<input type="text"/>
<input type="text"/>
<input type="text"/>

I authorise you to apprehend the proposed patient (*or patient*) and take that proposed patient (*or patient*) to:

Name and address of hospital or other place to which the proposed patient (or patient) is to be taken

<input type="text"/>
<input type="text"/>

Name of proposed patient's (or patient's) responsible clinician or nominated mental health practitioner

District Court Judge
or Registrar (if no Judge is available)

Date