##### Compulsory Inpatient Treatment Order

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| --- | --- |
| Court Reference Number: |  *Click or tap here to enter text.* |
|  |  |
| To: | Location |
| The Director of AreaMental Health Services at: | Click or tap here to enter text. |

|  |  |
| --- | --- |
|  | *Name of patient* |
| Copy to: | Click or tap here to enter text. |

|  |  |
| --- | --- |
|  | *Date of Birth* |
| Patient’s date of birth: |  Click or tap to enter a date. |

|  |  |
| --- | --- |
|  | *Address* |
| Of: | Click or tap here to enter text. |
|  | *Location* |
| The Family Court / District Court at: | Click or tap here to enter text. |

orders that the patient named above is required to be an inpatient

and accept treatment in the hospital or service specified:

|  |  |
| --- | --- |
|  | *Name and address of hospital/service where detention and treatment to be conducted* |
|  | Click or tap here to enter text. |

|  |  |
| --- | --- |
|  | *Commencement date of this order* |
| This order is made on: | Click or tap to enter a date. |

|  |  |
| --- | --- |
|  | *Expiry date of this order* |
| and shall continue in force for a period of 6 months expiring on: |  Click or tap to enter a date. |

The patient can be released from compulsory inpatient status to compulsory community treatment status and be discharged from hospital if the responsible clinician so directs in writing under section 30(2) of the Act.

The patient can be released from compulsory inpatient status prior to the expiry date above under the provisions in section 35(1) of the Act.

The Court may extend this order. Within the 14 days immediately preceding the expiry date above, the responsible clinician must cause the case to be reviewed under section 76 of the Act. If, following that review, the responsible clinician is satisfied that the patient is not fit to be released from compulsory status, that clinician may apply to the Court for an extension of the currency of this order under section 34(2) of the Act.

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| Click or tap here to enter text. | Click or tap to enter a date. |

*Family Court / District Court Judge name and signature Date*