Application for Extension of Compulsory Treatment Order

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| To: | *Location* |
| The Family Court /District Court at: | Click or tap here to enter text. |
|  |  |
|  | *Full name* |
| Name of patient: | Click or tap here to enter text. |
|  | *Date of birth* |
| Patient's date of birth: | Click or tap to enter a date. |
|  | *Patient's usual residential address* |
| Of: | Click or tap here to enter text. |
|  |
|  |  |
|  | *Date on certificate of clinical review* |
| I have undertaken a clinical review of the patient dated: | Click or tap to enter a date. |
|  |  |
| This review was conducted:\**Delete one* | \*in person \*via audio-visual link with the patient’s consent |
|  | *Date compulsory treatment order in force expires* |
| The current compulsory treatment order expires on: | Click or tap to enter a date. |
|  | *Date first compulsory treatment order commenced* |
| The patient first began treatment under a compulsory treatment order commencing on: | Click or tap to enter a date. |
|  |  |
| The patient is being treated under:\*\**Delete one* | \*\*a compulsory community treatment order \*\*a compulsory inpatient treatment order |
|  | *Name and address of hospital (or other place) where treatment to be conducted* |
| at: | Click or tap here to enter text. |
|  |
|  |
| **My recommendation to the Court is for the following extension order to be made:** |
| *\*\*\*Delete those not applicable* | \*\*\*a community treatment order for a further 6-month period \*\*\*an inpatient order for a further 6-month period or |
| *Note: The "indefinite" option only applies to patients who have already been subject to two consecutive 6-month period compulsory treatment orders* | \*\*\*a community treatment order for an indefinite period \*\*\*an inpatient order for an indefinite period |
|  | *Name of responsible clinician who conducted the clinical review* |
| This application is made by: | Click or tap here to enter text. |
|  | *Business address and telephone number of responsible clinician* |
| of: | Click or tap here to enter text. |
|  |

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|  |  Click or tap to enter a date. |  |
|  | *Signature of responsible clinician Date of application* |  |

**SECTION 34 COURT MAY EXTEND ORDER**

(1) Within 14 days before the date on which a compulsory treatment order is to expire under section 33, the responsible clinician must cause the case to be reviewed under [section 76](https://www.legislation.govt.nz/act/public/1992/0046/latest/link.aspx?id=DLM263475" \l "DLM263475).

(2) 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 the order for a further period of 6 months commencing with the day after the date on which the order would otherwise have expired.

(3) The court must treat the application as if it were an application made under [section 14(4)](https://www.legislation.govt.nz/act/public/1992/0046/latest/link.aspx?id=DLM263018" \l "DLM263018). [Sections 15](https://www.legislation.govt.nz/act/public/1992/0046/latest/link.aspx?id=DLM263024" \l "DLM263024) and [17 to 33](https://www.legislation.govt.nz/act/public/1992/0046/latest/link.aspx?id=DLM263030" \l "DLM263030) apply with any necessary modifications.

(4) If, on any such application, the court extends the currency of the order for a further period of 6 months, on the expiry of that period the foregoing provisions of this section shall apply except that, if the court then further extends the order, the extension shall have effect indefinitely and the patient shall remain subject to the order unless and until he or she is released from compulsory status.