

# Application

## Mental Health Act 2014 (WA)

### Application for Order Suspending Operation/Restraining Actions 392

#### The patient

Name

Postal address

Email address

Contact phone

Date of Birth

Day

Month

Year

#### The applicant (if not the patient)

Name

Postal address

Email address

Contact phone

Relationship to patient

- carer                       close family member                       personal support person (choose one)
- mental health advocate
- lawyer
- other (specify) \_\_\_\_\_

#### Lawyer/advocate/nominated person/support person(s) (if not the applicant)

Name

Postal address

Email address

Contact phone

Relationship to patient    lawyer                       advocate                       nominated person                       support person



**Grounds for application**

Type of treatment order:

Inpatient

Community

Date treatment order made/continued:

Name of psychiatrist:

Name of mental health service:

Date your review application was lodged

I want the Tribunal to:

- suspend the operation of the above involuntary treatment order until the Tribunal makes a decision on my review application (s392(1)(a))
- restrain anyone from taking action under the involuntary treatment order until the Tribunal makes a decision on my review application (s392(1)(b))

**What decision do you want the Tribunal to make and why?**

Signature

Date

**Please send your application to:**

The Registrar  
Mental Health Tribunal  
PO Box Z5272  
Perth St Georges Tce WA 6831

email: [registry@mht.wa.gov.au](mailto:registry@mht.wa.gov.au)

*If you have any queries, please telephone the Registry staff on (08) 6553 0060*

