

# Application

## Mental Health Act 2014 (WA)

### Application for Review of Direction to Make Community Treatment Order s 396

#### The applicant psychiatrist

Name

Mental Health Service

Postal address

Email address

Contact phone

Date of Tribunal's direction under s 395(2)(b)

#### The patient

Name

Postal address

Email address

Contact phone

Date of Birth

Day

Month

Year

#### Patient's lawyer/advocate/nominated person/support person(s)

Name

Postal address

Email address

Contact phone

Relationship to patient  lawyer  advocate  nominated person  support person



**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*

