

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 save the completed application and submit via the MHT’s Document Lodgement Portal

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

