Request for Transcript  
*Mental Health Act 2014* (WA)

## Access to Tribunal transcripts is very limited. This is because of the strict privacy and confidentiality requirements surrounding Tribunal hearings under the Mental Health Act 2014. Requests for transcripts made by a patient, or on behalf of the patient by a patient’s representative (legal practitioner, mental health advocate, or nominated person), will be granted only in exceptional circumstances.

## Please note that section 468 provides that it is an offence to publish certain information about a proceeding of the Mental Health Tribunal. Section 576 provides that it is an offence to disclose certain personal information. Penalties apply.

## Please note that a transcript will be sent in audio format in the first instance.

# ****The patient****

|  |
| --- |
| Name Click here to enter text. |
| Postal address Click here to enter text. |
| Email address Click here to enter text. |
| Contact phone Click here to enter text. |
| Date of Birth Click here to enter a date. |

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

|  |
| --- |
| Name Click here to enter text. |
| Postal address Click here to enter text. |
| Email address Click here to enter text. |
| Contact phone Click here to enter text. |

# ****I request a transcript of evidence of the proceeding held at**** Click here to enter text. ****on**** Click here to enter a date. ****for the following purpose:****

Click here to enter text.

# ****My role in the proceedings (if not the patient):****

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | **Legal practitioner - *specify date of Notice of Representation*:** Click here to enter a date. |  | | **Mental Health Advocate** |  | | **Nominated Person – *please attach copy of Form 12A Nomination*** |
| Signature | | | Date | | | Click here to enter a date. | | |

Please email this notice to registry@mht.wa.gov.au