

Application Mental Health Act 2014 (WA)

Application to Adjourn by Consent

Please note this application is not required if the reason for adjournment is due to the unavailability of a consumer or their representative (including an interpreter or support person). In this case, please contact the Registry on (08) 6553 0060.

The Patient

Name of Patient

Patient URMN

Date & Time of
Review Hearing

The applicant (Member of Treating Team)

Name

Postal address

Email address

Contact phone

Relationship to patient

Reason for adjournment

Availability for re-listing

The Registry will try to accommodate your preference.

Evidence of consent

Evidence of consent **must** be attached to this application, otherwise it will not be processed, and the hearing will proceed.

This may include correspondence from the consumer or their representative stating their consent to the adjournment, or a [statutory declaration](#) detailing the events of a conversation with the consumer, or their representative.

Signature _____

Date _____

Please send your application to: registry@mht.wa.gov.au

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

