

APPLICATION FOR VARIATION OR REVOCATION OF A COMMUNITY TREATMENT ORDER



Mental Health Act 2007, Section 65

MENTAL HEALTH FACILITY:
(NAME OF CURRENT MENTAL HEALTH FACILITY)

CONTACT PERSON:

TELEPHONE: **FAX:**

ON:
(DATE CTO WAS MADE)

A COMMUNITY TREATMENT ORDER

WAS MADE IN RELATION TO:
(NAME OF AFFECTED PERSON)

PLEASE PROVIDE DETAILS:

1	HOSPITAL MRN :
2	COUNTRY OF BIRTH:
3	DATE OF BIRTH:

BY:

- THE MENTAL HEALTH REVIEW TRIBUNAL
- A MAGISTRATE under s33 of the Mental Health (Forensic Provision) Act 1990
(PLEASE ATTACH COPY OF ORDER)

I,, **BEING**
(NAME OF APPLICANT)

- THE PERSON FOR WHOM THE ORDER WAS MADE
- THE CASE MANAGER IMPLEMENTING THE ORDER AT CURRENT MENTAL HEALTH FACILITY
- A PERSON WHO COULD HAVE APPLIED FOR THE ORDER (refer s51(2))

DO HEREBY APPLY FOR THE ORDER TO BE :

- REVOKED
- VARIED (IF VARIED, COMPLETE ALL DETAILS IN BOX BELOW)

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The has agreed
(INSERT NAME OF RECEIVING MENTAL HEALTH FACILITY)

to implement a varied order in respect of this client and has submitted the attached treatment plan.

The new case manager will be:..... Tel:..... Fax:.....

NAME OF APPLICANT:..... **SIGNATURE:**.....
DATE:.....

Please fax this application with a copy of the proposed new Treatment Plan to the Tribunal on **9817 4543**.
If the current CTO was made by a Magistrate then a copy of that Order and Treatment Plan should also be faxed.