

File Number

ACT CIVIL AND ADMINISTRATIVE TRIBUNAL



APPLICATION- MENTAL HEALTH

For use by Layperson
* Mental Health (Treatment and Care) Act 1994

I, _____
(Applicant's Name)

of _____
(Applicant's Address)

Telephone number: (w) _____ (h) _____

wish to apply for an order of the ACT Civil & Administrative Tribunal in relation to:

Mr/Mrs/Miss/Ms _____
(Person's Full Name)

of _____
(Person's Address)

Telephone number: (w) _____ (h) _____

Date of Birth ____/____/____ .

Is the said Person under the age of 18 years? Yes No
[If yes, please provide details of Parent/s or Legal Guardian]

Name _____

Address _____

PH: _____ (H) _____ (W)

Is the said Person under a Guardianship or/and a Management of Property Order?
 Yes No
[If yes, please provide details of the Guardian and/or Manager]

Name _____

Address _____

PH: _____ (H) _____
(W) _____

I DO SOLEMNLY AND SINCERELY DECLARE THAT:

I believe on reasonable grounds, that the said Person:

- (a) is unable because of mental dysfunction or mental illness-
- (i) to make reasonable judgments about matters relating to his/her health or safety; or
 - (ii) to do anything necessary for his/her health or safety;

and as a result, the said Person's health or safety is, or is likely to be, substantially at risk;

OR

- (b) is or is likely to be, because of mental dysfunction or mental illness, to do serious harm to others.

(Tick whichever applies)

Please set out your reasons in detail to support the above.

[Attach a separate sheet if necessary]

Does the said Person have a history of mental illness/mental dysfunction:

Yes No

[If yes, please provide details of diagnosis and treating doctor (if known):]

Is the said Person under supervision of a case manager? Yes No

[If yes, please provide details (if known)]

List any other service agencies that have been involved with the said Person:

Would the risk to the said Person’s health or safety or the danger to the community increase substantially should the said Person appear before the Tribunal?

Yes No

If yes please provide grounds in support of the above.

The following person/s would be able to assist the Tribunal or are otherwise interested in the health and welfare of the said Person.

[Please provide name address and contact telephone numbers.]

(i) **Name**

Address

PH: _____ **(H)** _____ **(W)**

(ii) **Name**

Address

PH: _____ **(H)** _____ **(W)**

(iii) **Name**

Address

PH: _____ **(H)** _____ **(W)**

(iv) **Name**

Address

PH: _____ **(H)** _____ **(W)**

And I make this solemn declaration by virtue of the Commonwealth's *Statutory Declarations Act 1959*, and subject to the penalties provided by that Act for the making of false statements in statutory declarations, conscientiously believing the statements contained in this declaration to be true in every particular.

(Signature of person making the declaration)

Declared at Canberra,
the _____ day of _____,
_____.

Before me:

(signature and title of person before whom the declaration is made)