

Protective Division – Mental Health Stream

Mental Health Act 2013

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| --- | --- |
| Application for statement of reasons of Tribunal determination | Schedule 4 Part 6 clause 1  |

A party to any proceedings may, within thirty (30) days after the proceedings were determined, apply to the Tribunal for a written statement of its reasons for making its determination as per Schedule 4, Part 6, clause 1 of the *Mental Health Act 2013* (the Act). A party to proceedings is defined in Schedule 4, Part 1, clause 1 of the *Mental Health Act 2013.* The Tribunal will provide a written statement of its reasons in PDF format within 21 clear days after receiving your request.

|  |  |
| --- | --- |
| **1** | **The patient** |
| Name |  |
| Address |  |
|  |  |
| Contact phone |  |
| Email |  |
| Date of birth |  |
|  |  |
| **2** | **The party to proceedings (if not the patient)** |
| Name |  |
| Address |  |
|  |  |
| Contact phone |  |
| Email |  |
| Relationship to patient | [ ] Lawyer:  |  |  |
|  | Are you instructed by your client to apply for a statement of reasons | [ ]  Yes  | [ ]  No |
|  | [ ] Advocate | [ ] Treating medical practitioner  |
|  | [ ] Other relative | [ ]  Spouse/Partner |
|  | [ ] Other: |  |
|  |  |
|  | Do you provide support to the patient? If so please provide details: |
|  |  |
|  |  |
|  |  |
|  | Is the patient aware of this application? |
|  | [ ] Yes | [ ] No |
|  |  |

|  |  |
| --- | --- |
| **3** | **Hearing details** |
| Type of hearing | [ ] Application for treatment order[ ] Review of treatment order[ ] Review of restriction/supervision order[ ] Other – please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Date of hearing |  |
| Hearing location |  |

|  |  |
| --- | --- |
| Signature |  |
| Print name |  |
| Dated |  |

All correspondence to the Tribunal should be emailed to: applications.mentalhealth@tascat.tas.gov.au

Or addressed to:

Deputy Registrar

Protective Division – Mental Health Stream

TASCAT

GPO Box 1311

HOBART TAS 7001

Phone: 1800 657 500