

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](mailto: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