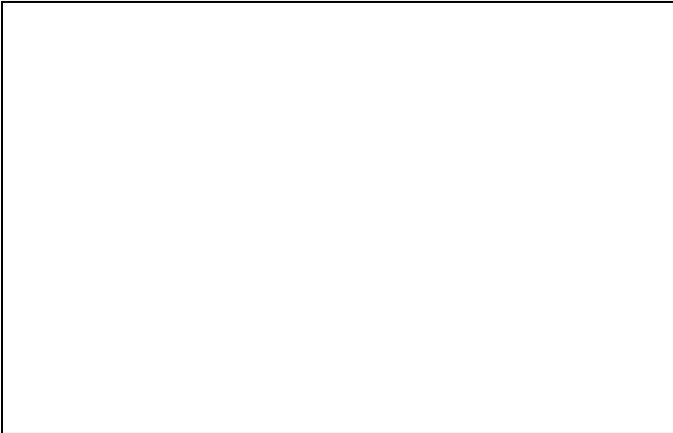




**Department of Health & Community Services**  
***Mental Health Care and Treatment Act, 2006***  
***Section 41(1)***



### **Community Treatment Order**

First Community Treatment Order (CTO) \_\_\_\_\_ Renewal Date \_\_\_\_\_  
Issue Date of previous CTO \_\_\_\_\_ Expiry Date of previous CTO \_\_\_\_\_

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**Section 1. To be completed by psychiatrist**

I, \_\_\_\_\_, certify that on the \_\_\_\_\_ day of  
*(please print name in full)*

\_\_\_\_\_, 20\_\_\_\_, at \_\_\_\_\_,

*(place of examination)*

I examined \_\_\_\_\_  
*(name of person who is the subject of this order)*

of \_\_\_\_\_ at \_\_\_\_\_.  
*(residence)* *(time)*

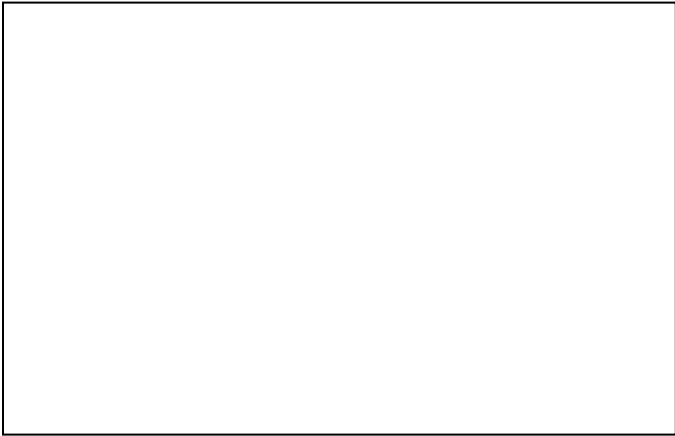
On the basis of the examination and other pertinent facts respecting the person or the person's condition that are known by or have been communicated to me I am of the opinion that:

(a) The person:

- (i) is suffering from a mental disorder for which he or she is in need of continuing treatment or care and supervision in the community,
- (ii) is likely to cause harm to himself or herself or another, or to suffer substantial mental or physical deterioration or serious physical impairment if he or she does not receive continuing treatment or care and supervision while residing in the community,
- (iii) as a result of the mental disorder, is unable to fully appreciate the nature and consequences of the mental disorder and is therefore unlikely to voluntarily participate in a comprehensive community treatment plan,

and that

- (iv) the services that the person requires in order to reside in the community so that he or she will not likely to cause harm to himself or herself or to others, or to suffer substantial mental or physical deterioration or serious physical impairment,
  - (A) exist in the community,
  - (B) are available to the person, and
  - (C) will be provided to the person,
 and



- (v) the person is capable of complying with the requirements for treatment or care and supervision set out in the community treatment order;

I \_\_\_\_\_ have issued this order and am responsible for its general supervision and management. A community treatment plan under the general supervision and management of \_\_\_\_\_ has  
*(psychiatrist)*  
*(please print person responsible for plan)*

been developed for the treatment or care and supervision in the community.

\_\_\_\_\_ will report to \_\_\_\_\_  
*(name of person responsible for plan)*

on the progress made by \_\_\_\_\_ on the plan.  
*(person subject to CTO)*

The health professionals, persons and organizations who have agreed to provide treatment and support services under the plan and who will report to \_\_\_\_\_ are:  
*(person in charge of CTO)*

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
*Date*

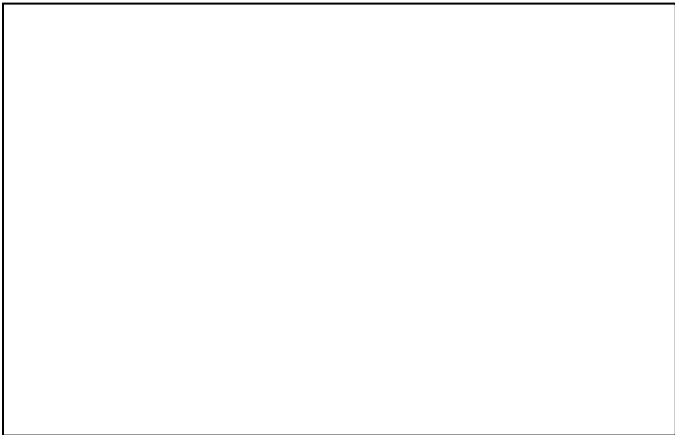
\_\_\_\_\_  
*Signature of examining physician*

\_\_\_\_\_  
*Signature of witness*

**Section 2. To be completed by person who is the subject of the order**

I, \_\_\_\_\_ the undersigned, shall attend appointments with the  
*(person subject of CTO)*

psychiatrist who issued the community treatment order, or with another health care professional, person or organization referred to in the community treatment plan at the time and places scheduled, and comply with the community treatment plan described in the community treatment order.



I understand my rights under this order which include:

- The right to retain and instruct counsel without delay in person or by other means;
- The right to meet with a rights advisor;
- The right to apply to the board (myself or my person/patient representative) for a review of the issuance, renewal or revocation of the community treatment order;
- The right to be advised of the functions and address of the board.

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature of person subject of CTO*

\_\_\_\_\_  
*Witness*

**Section 3. Notice of transfer of supervision and management responsibilities of order**



I, \_\_\_\_\_ have transferred the general supervision and  
*(psychiatrist who issued the order)*

management responsibilities of the community treatment order to:

\_\_\_\_\_  
*(please print name of psychiatrist who is assuming responsibility)*

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
*(Signature of psychiatrist issuing the order)*

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
*(Signature of psychiatrist assuming responsibility)*

The following amendments have been made to the order:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**NOTE:**

- a copy of this note should be provided to the person who is the subject of the order, the person/patient's representative, the rights advisor and each health care professional, person and organization named in the community treatment plan.