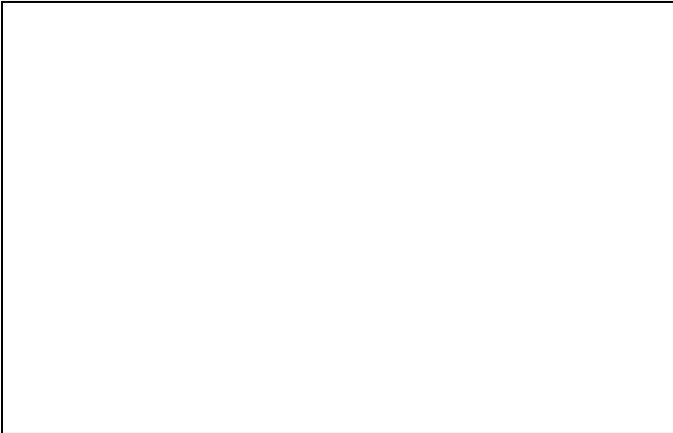




Department of Health & Community Services
Mental Health Care and Treatment Act, 2006



**Application / Withdrawal of Application for Review by the
Mental Health Care and Treatment Review Board**

Section A. Application for Review

1. This application is being made on behalf of:

Name:

(print name of involuntary patient or person subject to CTO)

Address:

Phone:

2. Other Contacts:

	<u>Name</u>	<u>Address</u>	<u>Phone</u>
Patient Representative	_____		
Social Worker	_____		
Psychiatrist	_____		

3. This Application is for: **(Check one Box)**

- A review of the issuance of the certificate of involuntary admission.
- A review of the issuance of the certificate of renewal.
- A review of the issuance of the community treatment order.
- A review of the renewal of the community treatment order.
- An automatic review pursuant to section 33 of the issuance of the certificate of renewal.
- An automatic review pursuant to section 53(3) of the renewal of the community treatment order.
- A review of the denial of a right as set out in section 11 or 12 of the *Mental Health Care and Treatment Act*.

4. The date on the certificate or CTO is: _____

5. Please describe what you want the Review Board to do and why:

Signature of Person Making Application

Date

Section B. Withdrawal of Application for Review

Signature of Person Withdrawing Application

Date