

## **Application for compulsory treatment order**

To:  
The Family Court/  
District Court, at:

*Location*

Name of patient:

*Full name*

Patient's date of birth:

*Date of birth*

Of:

*Patient's usual residential address*

  

I have examined the patient named above who is undergoing a 14 day further assessment conducted by me that commenced on:

*Date 14 day assessment commenced*

The patient is being assessed:

*\*Delete one*

\*as an outpatient

\*as a patient admitted to and detained in the hospital named below

*Name & address of hospital (or other place) where assessment and treatment conducted*

at:

  
  

I have carefully considered the patient's condition in relation to the statutory definition of mental disorder and my opinion is that the patient is mentally disordered and should be subject to a compulsory treatment order.

My recommendation to the Court is for the following order to be made:

*\*Delete one*

\*a community treatment order

\*an inpatient order

This application is made by:

*Name of responsible clinician who conducted the assessment examination*

of:

*Business address and telephone number of responsible clinician*

  
  

*Signature of responsible clinician*

*Date of application*