

Civil Interstate Apprehension Order

Request to apprehend:

_____ Date of Birth: ____ / ____ / ____
 Given names of patient Family name of patient (block letters)

Status of patient:

Under the Mental Health Act 1990 (NSW) or *Under the Mental Health Act 1986 (VIC)*
 Liable to apprehension under s.76 Liable to apprehension under s.43
 Liable to apprehension under s.139 Liable to apprehension under s.14(4A)

The abovenamed is to be returned to: _____
 Name of *approved mental health service / gazetted mental health service

_____ Address of *approved mental health service / gazetted mental health service

Signed: _____ **Dated:** ____ / ____ / ____

_____ Given names Family name of *Authorised/Chief Psychiatrist / Medical Superintendent (block letters)

_____ Address

_____ Telephone

_____ Fax

_____ Email

Description of the patient: *Male / Female Height: _____ Colour of eyes: _____

Build: _____ Weight: _____ Complexion: _____

_____ Extra details attached: *Yes / No
 Include distinguishing characteristics (eg. tattoos, scars)

Information that will assist with apprehension (eg. other names used; address where person may be found):

_____ Extra details attached: *Yes / No

Treatment requirements:

_____ Extra details attached: *Yes / No

Risk summary (include date of last assessment):

_____ Extra details attached: *Yes / No

24 hour contact person: _____

Title: _____ Telephone: _____ Mobile: _____

*Delete as necessary