The Registrar
Mental Health Review Tribunal
PO Box 2019
BORONIA PARK  NSW  2111

Appeal by a person other than the patient against refusal to discharge a patient

This appeal relates to ..............................................................................................
(full name of patient)

who is an involuntary patient/a person detained at ..................................................
(name of facility)

An application was made to an authorised medical officer for discharge of the patient
under the Mental Health Act 2007.

My name is ...........................................................................................................
(full name of person appealing)

I am:

☐ the applicant for discharge of the patient

☐ a person appointed by the patient.

(Tick one box only)

I want to appeal to the Mental Health Review Tribunal against the authorised medical
officer’s:

☐ refusal to discharge the patient

☐ failure to make a determination within 3 working days after the application for
discharge of the patient.

(Tick one box only)

..........................................................................................................................
[Signature]

..........................................................................................................................
[Date]