			MRN	
	SOVERNMENT Health	OTHER NAMES		
	Facility:	D.O.B / / M.O.		
	NOTICE TO MENTAL HEALTH REVIEW TRIBUNAL OF DECISION TO REVOKE OR			
	NOT APPLY FOR A FURTHER COMMUNITY TREATMENT ORDER			
4	COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE		( PATIENT LABEL HERE	
	NSW MINISTRY OF HEALTH			
SMR0251	MENTAL HEALTH ACT 2007 SECTION 66(3) NOTICE TO MENTAL HEALTH REVIEW TRIBUNAL OF DECISION TO REVOKE OR NOT APPLY FOR A FURTHER COMMUNITY TREATMENT ORDER			
<b></b> 6				
: 2012	To: Mental Health Review Tribunal Attention: The Registrar Fax: 9817 4543			
as per AS2828.1: 2012 RGIN - NO WRITING	I, as Director of Community Treatment, give notice (Insert Director's name)			
ed NA	that the Community Treatment Order in relation to (Name of person) (address of person)			
Hole. BIN				
$\bigcirc$				
	(tick one) will be revoked as of/			
	will expire on/	and no application will be made for f	urther order at that time.	
NH700095A 130815	Signature	Date / /	Page 1 of 1	

NOTICE TO MHRT OF DECISION TO REVOKE OR NOT APPLY FOR A FURTHER CTO