

URN: \_\_\_\_\_

Family name: \_\_\_\_\_

Given names: \_\_\_\_\_

DOB: \_\_\_\_\_ Sex: \_\_\_\_\_

**FAILURE TO CONDUCT INITIAL EXAMINATION**

Mental Health, Justice Health, Alcohol and Drug Services (MHJHADS)

Sections 84(4)(a) and 84(6) of the *Mental Health Act 2015*

**Notification to:**

The Chief Psychiatrist (or delegate), and  
The Public Advocate

*This section must be completed by the person in charge of the approved mental health facility immediately following the failure to give a subject person an initial examination within the **four hour** time period.*

On \_\_\_\_/\_\_\_\_/\_\_\_\_ :\_\_\_\_ at \_\_\_\_\_  
(date) (time) (approved mental health facility)

**Failed to receive an initial examination as per s. 84(2) of the *Mental Health Act 2015*:**

*Please state the reasons for the failure to undertake initial examination*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Signature of Consultant Psychiatrist:**

Signature \_\_\_\_\_ Print name \_\_\_\_\_ Designation \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

**or witness:**

Signature \_\_\_\_\_ Print name \_\_\_\_\_ Designation \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Section 84(5) of the *Mental Health Act 2015*

*This section must be completed by the person in charge of the approved mental health facility immediately following the failure to give a subject person an initial examination within a **further two hours** of the Chief Psychiatrist (or delegate) arranging an initial examination.*

On \_\_\_\_/\_\_\_\_/\_\_\_\_ :\_\_\_\_ at \_\_\_\_\_  
(date) (time) (approved mental health facility)

**Failed to receive an initial examination as per s. 84(4)(b) of the *Mental Health Act 2015*:**

*Please state the reasons for the failure to undertake initial examination*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Continue overleaf...*



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FAILURE TO CONDUCT INITIAL EXAMINATION

As a result, the subject person has been (*please select which of the following has occurred*):

- released from detention
- released into the custody of a police officer (for a person brought in under s. 309 of the *Crimes Act 1900*)
- released into the custody of the General Manager AMC (for an adult required to be detained at a correctional centre)
- released into the custody of the Manager BYJC (for a young person required to be detained at a detention place)

**Signature of person in charge of facility:**

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Signature	Print name	Designation	Date	Time
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**THIS FORM MUST TO BE EMAILED TO:**

- Chief Psychiatrist [ChiefPsychiatrist@act.gov.au](mailto:ChiefPsychiatrist@act.gov.au)
- The Public Advocate [JACSPublicAdvocate-MentalHealth@act.gov.au](mailto:JACSPublicAdvocate-MentalHealth@act.gov.au) or 6207 0688 (fax)
- Tribunal Liaison Officer [TribunalLiaison@act.gov.au](mailto:TribunalLiaison@act.gov.au) or 6244 4558 (fax)

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