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ACT Health

URN:	
Family name:	
Given names:	
DOB:	Gender:

Complete details or affix label

Notification of Contravention	railily liaile					
and Authorisation to Require a	Given names:					
Person to be Detained	DOB: Gender:					
Mental Health Act 2015						
Pursuant to Section 77 (2)(c) of the <i>Mental Health A</i> detained in an approved mental health or communit Pursuant to Section 77 (4) of the <i>Mental Health Act</i> following details:	y care facility to ensure compliance.					
Name of person:	/ Date of birth://					
Residential Address:						
Assigned Community Team:	·					
Reason for Authorisation of Detention:						
The nature of non-compliance and attempts to e	ngage him/her are as follows:					
Approved Mental Health or Community Care Fac	cility where the above named is to be detained:					
Pursuant to Section 77 (3) of the <i>Mental Health Ad</i>	•					
Australian Federal Police, a Mental Health Office to apprehend the above-named person and take						
	(an approved mental health or community care facility).					
Signature of the Chief Psychiatrist or Care Coor	dinator:					
Print name:	Date: //					
WHERE POLICE ASSISTANCE IS REQUIRED, A COPY OF THIS DOCUMENT IS TO BE PROVIDED TO POLICE AS SOON AS PRACTICABLE						
	n 24 hours when authorising the detention of a where a Mental Health Order is in force					
(NOTE: This form only applies where there is no Restriction Order in place)						
A copy of this form has been sent to						
☐ ACAT Fax 6205 4855 and ☐ Public Advocate of the ACT Fax 6207 0688						
Signature Print name	Designation Date					
	200.9					