



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 (Treatment and Care) Act 194 (ACT)*

- Liable to apprehension under s.76
- Liable to apprehension under s.139
- Liable to apprehension under s32
- Liable to apprehension under s.32A

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

Address of *approved facility / gazetted mental health service

Signed: _____ **Dated:** ___ / ___ / ___

Given names Family name of *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