



FAMILY NAME

MRN

GIVEN NAME

MALE FEMALE

Facility:

D.O.B. ____/____/____

M.O.

ADDRESS

NOTICE TO PATIENT OF BREACH OF COMMUNITY TREATMENT ORDER

LOCATION

COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE

NSW MINISTRY OF HEALTH

**MENTAL HEALTH ACT 2007
Section 58(3)**

NOTIFICATION TO PATIENT OF BREACH OF COMMUNITY TREATMENT ORDER

.....
(Name of declared mental health facility)

.....
(Address)

To
(Patient's name)

.....
(Address)

Notice is hereby given that as a result of:

1. Your refusal to comply with your community treatment order (copy attached);
2. Your further refusal to comply after being provided with information as required by section 58(2) of the Mental Health Act 2007; and
3. You being informed that such further refusal will result in an order to attend the Declared Mental Health Facility,

YOU ARE NOW REQUIRED under section 58(3) of the Mental Health Act 2007 to attend the Declared Mental Health Facility at the address given above for treatment in accordance with the community treatment order.

Under section 58(3)(b) of the Mental Health Act 2007, I am required to warn you that the assistance of the NSW Police Force may be obtained to ensure your attendance as set out above.

Signature:

Name:
(Director of Community Treatment)

Date:/...../.....



SMR025180

Holes Punched as per AS2828.1: 2012
BINDING MARGIN - NO WRITING