MENTAL HEALTH ACT, 2012 FIFTH SCHEDULE [Article 13(4)]

Mental Health Act	the termination of t	the Extended Inv					
	Continuing Detenti	on Order					
	CDO	Ref No:					
	FOR A CON	APPLICATION TINUING DETI		R			
To the Commissione	er for the Promotion of						
Please grant/renew a	a Continuing Detention	n Order for Invo	luntary Admissi	on for Treatn	nent for:		
				M/E			
(Surname)	(Name)	(ID No)	(D.O.B.)	$\frac{M/F}{(Sex)}$	(Ward)		
EIATO Ref No	/ CDO Ref	No	due to expir	e on			
To be filled by	I am the responsible specialist of the above mentioned person in terms of the Menta						
responsible specialist in							
mental health			nion on the following facts:				
	(b) the person requires to be further detained in this licensed facility for treat I base my opinion on the following facts:						
	(c) the objectives and timeframes of the multidisciplinary care plan submitted with the Application for Extension of Involuntary Admission for Treatment Order/Continuing Detention Order were not attained because (give reasons and indicate which objectives were not attained):						
	\square A modified multidisciplinary care plan is submitted with this application.						
	(Official Stamp)	— (Sig	nature)	(Re	eg. No)		
	(Date)	_	_	(Time)			

MHA 05/EN 1

To be filled by Commissioner	Application received on (date)	at (t	ime)				
	☐ Modified care plan submitted						
	☐ Modified care plan not submitted						
	-		shmit madified gave plan				
	□ Dr	requested to st	ibmit modified care plan				
	(Signature)	(Date)	(Time)				
	□ Dr an independent specialist was appointed and notified to review person in terms of the Mental Health Act and to submit his/her opinion by (date)						
	(Signature)	(Date)					
To be filled by	, ·	I the undersigned, a specialist in mental health appointed by the Commissioner to					
independent specialist in mental health appointed by Commissioner	review	ID No	certify that:				
	 (a) I am not the responsible specialist for the named person (b) I have reviewed the person for whom this application is being made and in my opinion the criteria for involuntary admission in the said Act are						
	I recommend that a Continuin opinion on the following facts: (Official Stamp)	g Detention Order be a	granted / renewed. I base my (Reg. No)				
	(Date)	(Time)					

MHA 05/EN 2

To be filled by Commissioner	☐ Independent specialist opinion received on (date) ☐ Person reviewed by independent specialist on (date)						
	DECISION						
	☐ Continuing Detention Order granted / renewed for a further period of (months) and shall expire on (date)						
	□ Continuing Detention Order not granted / renewed because:						
	My decision was communicated in writing to the responsible specialist on (date)						
	(Signature)	(Date)	(Time)				

MHA 05/EN 3