MENTAL HEALTH ACT, 2012 NINTH SCHEDULE

[Articles 21(1)(b) and 37(1)(b)]

Part I

Mental Health A		This notification shall be submitted to the Commissioner of Police or his				
	representative.					
CO (I) REF No:						
_		NVEYANCE OR				
F	BY THE RESPONSIB					
	FOR ASSESS	SMENT AND/OR	TREATMENT	,		
To the Commissio	ner of Police.					
To be filled by	I, the undersigned, a specialist in mental health, request that:					
the responsible	, ,	•	, 1			
specialist in					M/F	
mental health.	(Surname)	(Name)	(ID No)	(D.O.B)	(Sex)	
	of (address)					
	,					
who is an involuntary patient under the Mental Health Act and is subject t					ct to:	
	□ an involuntary admission for observation;					
	 □ an involuntary admission for treatment order; □ an extension of involuntary admission for treatment order; □ a continuing detention order; 					
□ a community treatment order;						
	be sought, detained	sought, detained and taken to (indicate facility) on				
	(date)	te) at (time)			and/or	
	treatment.					
	or cavilloin.					
	(Official Stamp)	(Signa	ture)	(Reg. No)	-	
	(Date)			(Time)		

MHA 09/EN Part 1 1