



**Queensland  
 Government**

Mental Health Act 2016  
**Form of Warrant**

(Affix identification label here)

URN:

Family name:

Given name(s):

Address:

Date of birth:

Sex:  M  F  I

**Mental Health Act (MHA) 2016, Sections 378–382**

- If it is not reasonably practicable to issue a copy of the warrant immediately to the authorised person, including by email or fax, the magistrate must tell the applicant:
  - » the person to whom the warrant applies;
  - » the powers of the authorised person under the warrant in accordance with Section 378(3) of the *MHA 2016*;
  - » the hours of entry under the warrant;
  - » the date and time the warrant is issued; and
  - » the end date of the warrant.
- The authorised person must complete this form, including by writing the information told to the person by the magistrate.
- The authorised person must, at the first reasonable opportunity, send to the magistrate:
  - » the sworn application; and
  - » if the authorised person completed a **Form of Warrant**, the completed **Form of Warrant**.
- On receiving the documents, the magistrate must attach them to the warrant.
- This form is NOT to be used for a warrant for apprehension to transport any person under the Emergency Examination Authority (EEA) provisions of the *Public Health Act 2005*.

**1. Magistrate's details**

Surname:		Given name(s):	
Court:			
Address:			
Town / Suburb:		Postcode:	Contact number:

**2. Person's details**

Surname:		Given name(s):	
Residential address:			
Town / Suburb:		State:	Postcode:
Date of birth:	or age:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Intersex / Indeterminate <input type="checkbox"/> Not stated / unknown	

**3. Location person is likely to be found**

Name of place (if applicable):	
Address:	
Town / Suburb:	Contact number:

**4. Order**

• Record information told to the authorised person by the magistrate.	
Date warrant issued:	Time warrant issued (24hr):
Name of AMHS or public sector health service facility where the person is to be taken:	
Hours of the day or night when entry may be made:	
This order expires at the end of:	

DO NOT WRITE IN THIS BINDING MARGIN

FORM OF WARRANT





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**4. Order** *(continued)*

- Record information told to the authorised person by the magistrate.

Additional details relevant to the warrant:

DO NOT WRITE IN THIS BINDING MARGIN

**5. Declaration**

**Category of authorised person:**

- Ambulance officer     
  Authorised doctor     
  Authorised mental health practitioner  
 Appointed health service employee     
  Police officer

*This warrant authorises the exercise of powers made by the magistrate.*

Name:		Signature:		Date:
Address:				
Town / Suburb:	State:	Postcode:	Contact number:	

**TO: Magistrate**