



**Queensland
 Government**

Mental Health Act 2016
**Request for
 Police Assistance**

(Affix identification label here)

URN:

Family name:

Given name(s):

Address:

Date of birth:

Sex: M F I

Mental Health Act (MHA) 2016, Sections 32, 34, 361, 364 and 366

- This form constitutes a formal request to police to provide assistance to transport a person under the *MHA 2016*, or to assist in executing an examination authority.
- Where practicable, a health practitioner is required to accompany the police officer when assistance is being provided. Where this is not possible, police transport of the patient can still occur.
- This form is NOT to be used to request police assistance to transport any person under the Emergency Examination Authority (EEA) provisions of the *Public Health Act 2005*.

1. Person's details

• Not required if label affixed in top right corner.

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

2. Request for assistance

<input type="checkbox"/> Examination authority	An examination authority is in force under Section 32 of the <i>MHA 2016</i> , and assistance is required by a doctor or authorised mental health practitioner.
<input type="checkbox"/> Transport	The person is an involuntary patient or classified patient (voluntary) and requires transport to or from an authorised mental health service (AMHS), public sector health service facility, place of custody, court or a place in the community for the purposes of the <i>MHA 2016</i> .
<input type="checkbox"/> Absent patient	An authorised person requires police assistance to help transport an absent patient to an AMHS.

3. Reasons police assistance is requested

• Provide context for requesting police assistance, including any identified risks. Consider weapon use, property damage, threats and known victim issues.

QCAD Police ID number:

DO NOT WRITE IN THIS BINDING MARGIN

v2.00 - 06/2020



SW760

MHA2016 - FORM - REQUEST FOR POLICE ASSISTANCE



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4. Location police assistance required

Name of place (if applicable):

Address:

Town / Suburb:

5. Location person is to be transported

Name of place (if applicable):

Address:

Town / Suburb:

6. Person requesting police assistance

- AMHS administrator Authorised doctor Authorised mental health practitioner Authorised person
 Appointed employee

Name:

Designation:

Signature:

Date:

Facility / AMHS:

Contact number:

TO: Police and AMHS Administrator

DO NOT WRITE IN THIS BINDING MARGIN