TO: Authorised person



1. Person's details

Mental Health Act 2016

Warrant for Apprehension of Person

_						
(Affix identification label here)						
URN:						
Family name:						
Given name(s):						
Address:						

___ M

Sex:

___ F

Mental Health Act (MHA) 2016, Sections 378-382

· Not required if patient label affixed in top right corner.

• An authorised person may, with necessary and reasonable help and force, exercise the powers outlined in this warrant and the transport powers outlined in Chapter 11, Part 6, Division 5 of the MHA 2016.

Date of birth:

• 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*.

Surname:		Given name(s):		
Residential address:				
Town / Suburb:		S	tate:	Postcode:
Date of birth: or age:	Sex:	Female Intersex / I	ndeterminate	Not stated / unknown
2. Location person is like Name of place (if applicable):	kely to be found			
Address:				
Town / Suburb:		С	ontact number:	
» transport the person to an aut examination, assessment, or	ublic sector health servic	HS) or public sector healt		
Address:				
Town / Suburb:		С	ontact number:	
5. Hours of entry Hours of the day or night when e	ntry may be made:			
6. Expiration	days of the average the increase			
The warrant must end within 7 or This order expires at the end of:	aays of the warrant's Issue.			
7. Signature of the Mag				
Name:	Signat	ure:	Date:	Time (24hr):