



Queensland
Government

Mental Health Act 2016

Application for Warrant for Apprehension of Person

(Affix identification label here)

URN:

Family name:

Given name(s):

Address:

Date of birth:

Sex: M F I

Mental Health Act (MHA) 2016, Sections 377–380

- An authorised person may apply to a magistrate for a Warrant for Apprehension of a Person if it is considered necessary to enable an authorised person to transport the person to an authorised mental health service (AMHS) or public sector health service facility for examination, assessment, or treatment and care.
- The application for the warrant for apprehension may be made by phone, fax, email, radio, videoconferencing or another form of communication if it is reasonably considered necessary because of:
 - » urgent circumstances; or
 - » other special circumstances, including, for example, the authorised person's remote location.
- A facsimile or electronic copy of the warrant, or the **Form of Warrant** properly completed by the authorised person, authorises the exercise of powers under the warrant made 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**.
- This form is NOT to be used to apply for a warrant of apprehension to transport any person under the Emergency Examination Authority (EEA) provisions of the *Public Health Act 2005*.

1. Person's details

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

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	

2. Reasons warrant for apprehension is requested

- Explain why you consider a warrant for apprehension is necessary for transport.

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3. Location person is likely to be found

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

4. Other location person is likely to be found

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

DO NOT WRITE IN THIS BINDING MARGIN

v1.00 - 01/2017



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5. Declaration

I am applying for a warrant for the apprehension of the person on the grounds stated above.

Category of authorised person:

Ambulance officer AMHS administrator Health practitioner Appointed employee Police officer

Application made:

In person By phone / radio By email By facsimile By videoconference

Other communication (specify):

Name:	Contact number:	Signature:	Date:
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Business address:

Town / Suburb:	Postcode:
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To: Magistrate

To be completed by justice of peace / commissioner for declarations

6. Order

Taken and sworn before me at (insert place):

Signature:	Date:
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DO NOT WRITE IN THIS BINDING MARGIN