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Queensland Government

Department of Health Mental Health Act 2016

Application for Internal Review of a Decision About Seizure or Forfeiture

Mental Health Act (MHA) 2016, Section 606

- A person appointed by the Chief Psychiatrist as an inspector may seize a thing if the inspector reasonably believes the thing is evidence about a matter being investigated or of an offence against the *MHA 2016*.
- The Chief Psychiatrist may decide a seized thing is to be forfeited to the State if an inspector, after making reasonable enquiries cannot find the owner or, after making reasonable efforts cannot return the thing to an owner.
- A person who is the owner or person in control of the thing before it was seized or forfeited has the right to appeal the decision about the seizure or forfeiture. The appeal process must in the first instance proceed by way of an internal review of the decision by the Director General, Department of Health.
- The information notice for the seizure or forfeiture and the receipt for the thing seized must be attached to this application (if provided).

1. Details of the owner or person in control of the thing before it was seized or forfeited

Surname:	Given name(s):		
Residential address:			
Town / Suburb:		State:	Postcode:
Date of birth: or age:	Sex: ☐ Male ☐ Female ☐ Intersex / Indeterminate ☐ Not stated / unknown		

2. Seizure or forfeiture

This application relates to: ☐ The seizure of a thing ☐ The forfeiture of a thing ☐ Both

3. Description of the thing which was seized / forfeited

- This section should only be completed if the information notice regarding the seizure or forfeiture is not attached. Provide as much information as possible.

Type of object and use:

General description:

Date seized:	Place where object was seized:

4. Information notice and receipt for thing

Information notice attached? ☐ Yes ☐ No	Receipt for thing seized attached? ☐ Yes ☐ No

5. Declaration

I am the owner or person in control of the thing specified in ***Section 3*** *before it was seized or forfeited.*

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

TO: Director General, Department of Health