

**MENTAL HEALTH ACT, 2012
FIFTH SCHEDULE
[Article 13(4)]**

Mental Health Act	<p>This application shall be submitted to the Commissioner at least 168 hours before the termination of the Extended Involuntary Admission for Treatment Order or a Continuing Detention Order</p> <hr/> <p style="text-align: center;">CDO Ref No:</p>
<p>APPLICATION FOR A CONTINUING DETENTION ORDER</p>	
<p>To the Commissioner for the Promotion of Rights of Persons with Mental Disorders</p>	
<p>Please grant/renew a Continuing Detention Order for Involuntary Admission for Treatment for:</p>	
<p>_____ <u>M / F</u> _____ (Surname) (Name) (ID No) (D.O.B.) (Sex) (Ward)</p>	
<p>EIATO Ref No _____ / CDO Ref No _____ due to expire on _____</p>	
<p>To be filled by responsible specialist in mental health</p>	<p>I am the responsible specialist of the above mentioned person in terms of the Mental Health Act. It is my opinion that:</p> <p>(a) the criteria of the Mental Health Act for Involuntary Admission still apply to the person. I base my opinion on the following facts:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>(b) the person requires to be further detained in this licensed facility for treatment. I base my opinion on the following facts:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>(c) the objectives and timeframes of the multidisciplinary care plan submitted with the Application for Extension of Involuntary Admission for Treatment Order/Continuing Detention Order were not attained because (give reasons and indicate which objectives were not attained):</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p><input type="checkbox"/> A modified multidisciplinary care plan is submitted with this application.</p> <p>_____</p> <p style="text-align: center;">(Official Stamp) (Signature) (Reg. No)</p> <p>_____</p> <p style="text-align: center;">(Date) (Time)</p>

<p>To be filled by Commissioner</p>	<p><input type="checkbox"/> Independent specialist opinion received on (date) _____</p> <p><input type="checkbox"/> Person reviewed by independent specialist on (date) _____</p> <p>DECISION</p> <p><input type="checkbox"/> Continuing Detention Order granted / renewed for a further period of _____ (months) and shall expire on (date) _____</p> <p><input type="checkbox"/> Continuing Detention Order not granted / renewed because:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>My decision was communicated in writing to the responsible specialist on (date) _____</p> <p>_____</p> <p style="text-align: center;"> (Signature) (Date) (Time) </p>
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