

**MENTAL HEALTH ACT, 2012  
SIXTH SCHEDULE  
[Article 15(1)]**

<b>Mental Health Act</b>	<b>This application shall be submitted to the Commissioner</b>
<b>RTO Ref No:</b>	
<b>APPLICATION FOR RELEASE FROM INVOLUNTARY ADMISSION FOR TREATMENT ORDER / CONTINUING DETENTION ORDER</b>	
<b>To the Commissioner for the Promotion of Rights of Persons with Mental Disorders</b>	
<b>To be filled by responsible specialist in mental health</b>	<p><b>(1) Please withdraw the</b></p> <p><input type="checkbox"/> Involuntary Admission for Treatment Order, IATO Ref No: _____ <b>OR</b></p> <p><input type="checkbox"/> Extension of Involuntary Admission for Treatment Order, EIATO Ref No: _____ <b>OR</b></p> <p><input type="checkbox"/> Continuing Detention Order, CDO Ref No: _____</p> <p><b>granted on (date) _____ in respect of:</b></p> <p>_____ <u>M / F</u> _____</p> <p style="text-align: center;">(Surname) (Name) (ID No) (D.O.B.) (Sex) (Ward)</p> <p><b>This release is being recommended because:</b></p> <p><input type="checkbox"/> the person's mental health status has improved and the criteria for involuntary admission are not fulfilled any more; <b>OR</b></p> <p><input type="checkbox"/> the Involuntary Admission for Treatment Order/Continuing Detention Order has expired and there is no need to seek an extension.</p> <p>_____ (Official Stamp) _____ (Signature) _____ (Reg. No)</p> <p>_____ (Date) _____ (Time)</p>
<b>To be filled by Commissioner</b>	<p>Application received on (date) _____ at (time) _____</p> <p><b>Comments</b></p> <p>_____</p> <p>_____</p> <p>_____</p> <p><b>Request approved and my decision was communicated in writing to the responsible specialist on (date) _____</b></p> <p>_____ (Signature) _____ (Date) _____ (Time)</p>