

Severe Substance Dependence Treatment Act 2010

Section 10(2)

APPLICATION FOR A DETENTION AND TREATMENT ORDER

IN THE MAGISTRATES' COURT
OF VICTORIA
AT

Court Reference:

TO THE MAGISTRATES' COURT

The applicant applies to the Magistrates' Court for a detention and treatment order to be made in respect to the respondent.

1 DETAILS OF APPLICANT

Name _____
Address _____
Telephone number _____
Email address _____

2 DETAILS OF RESPONDENT

Name _____
[full name of person who the applicant believes should be made subject to a detention and treatment order]
Date of Birth _____ Gender _____
Address _____
Telephone number _____
Signature of the applicant _____ Date ____ / ____ / ____

PLEASE NOTE: THE APPLICANT MUST TAKE THIS APPLICATION TO THE MAGISTRATES' COURT NEAREST TO THE PLACE OF RESIDENCE OF THE RESPONDENT TO OBTAIN A DATE AND TIME FOR THE HEARING OF THIS APPLICATION. THE APPLICATION MUST HAVE ATTACHED A RECOMMENDATION FOR THE DETENTION AND TREATMENT OF THE PERSON MADE BY A PRESCRIBED MEDICAL PRACTITIONER THAT IS CURRENT AT THE TIME OF THE APPLICATION

DETAILS OF THE HEARING *[To be completed by the Court]*

A hearing of this application will be held at *[time]* _____ a.m.*/p.m.* on *[date]* _____
at the Magistrates' Court at *[venue]* _____

Date and time application filed at the Magistrates' Court ____ / ____ / ____ a.m.*/p.m.*

*Delete if not applicable