

SEVERE SUBSTANCE DEPENDENCE TREATMENT ACT 2010
Section 22(1)

Regulation 10
Severe Substance Dependence Treatment Regulations 2022

FORM 5

APPLICATION TO REVOKE A DETENTION AND TREATMENT ORDER

IN THE MAGISTRATES' COURT
OF VICTORIA

AT [venue] _____ Court reference: _____

TO THE MAGISTRATES' COURT

The applicant applies to the Magistrates' Court for the revocation of a detention and treatment order made in respect to [name] _____.

1. DETAILS OF APPLICANT

Name: _____

Address: _____

Telephone number: _____ Email address: _____

I am:

- the person subject to the detention and treatment order
- the nominated person of the person subject to the detention and treatment order
- the guardian of the person subject to the detention and treatment order

(please select one only)

2. DETAILS OF PERSON SUBJECT TO DETENTION AND TREATMENT ORDER

Name: _____

[full name of person who is subject to the detention and treatment order]

Date of birth _____

Address: _____

Telephone number: _____

Date of Order placing the person on the detention and treatment order: _____

PLEASE NOTE:

A copy of the original order must be attached to this application.

Signed: _____

[to be signed by the applicant]

Dated: *[insert date]* _____

PLEASE NOTE:

The applicant must take this application to the Magistrates' Court to obtain a date and time for the hearing of this application.

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

A hearing of this application will be held at [*insert time*] _____ *a.m./*p.m.

on [*insert date*] _____ at the Magistrates' Court at [*venue*] _____.

Date and time application filed at the Magistrates' Court: [*insert date*] _____

[*insert time*] _____ *a.m./*p.m.

*Delete if not applicable