

**MENTAL HEALTH ACT, 2012**  
**NINTH SCHEDULE**  
**[Articles 21(1)(b) and 37(1)(b)]**

**Part II**

<b>Mental Health Act</b>	<b>This notification shall be submitted to the Commissioner of Police or his representative.</b> <hr style="border: none; border-top: 1px solid black; margin: 5px 0;"/> <p style="text-align: center;"><b>CO (II) REF No:</b></p>																		
<b>CONVEYANCE ORDER</b> <b>BY THE MINISTER RESPONSIBLE FOR JUSTICE TO TAKE A PATIENT FOR ASSESSMENT AND / OR TREATMENT</b>																			
<b>To the Commissioner of Police.</b>																			
<b>To be filled by the Minister responsible for justice.</b>	<b>I the undersigned, the Minister responsible for justice, request that:</b>  <table style="width: 100%; border: none;"><tr><td style="text-align: center; border-bottom: 1px solid black;">_____</td><td style="text-align: center; border-bottom: 1px solid black;">_____</td><td style="text-align: center; border-bottom: 1px solid black;">_____</td><td style="text-align: center; border-bottom: 1px solid black;">_____</td><td style="text-align: center; border-bottom: 1px solid black;"><u>M / F</u></td></tr><tr><td style="text-align: center;">(Surname)</td><td style="text-align: center;">(Name)</td><td style="text-align: center;">(ID No)</td><td style="text-align: center;">(D.O.B)</td><td style="text-align: center;">(Sex)</td></tr></table> of (address) _____ _____ <b>who is an involuntary patient under the Mental Health Act and is subject to:</b> <input type="checkbox"/> a court order <b>be sought, detained and taken to (indicate facility) _____ on</b> <b>(date) _____ at (time) _____ for assessment and/or</b> <b>treatment.</b>  <table style="width: 100%; border: none;"><tr><td style="width: 50%; border-bottom: 1px solid black; text-align: center;">_____</td><td style="width: 50%; border-bottom: 1px solid black; text-align: center;">_____</td></tr><tr><td style="text-align: center;">(Official Stamp)</td><td style="text-align: center;">(Signature)</td></tr></table> <table style="width: 100%; border: none;"><tr><td style="width: 50%; border-bottom: 1px solid black; text-align: center;">_____</td><td style="width: 50%; border-bottom: 1px solid black; text-align: center;">_____</td></tr><tr><td style="text-align: center;">(Date)</td><td style="text-align: center;">(Time)</td></tr></table>	_____	_____	_____	_____	<u>M / F</u>	(Surname)	(Name)	(ID No)	(D.O.B)	(Sex)	_____	_____	(Official Stamp)	(Signature)	_____	_____	(Date)	(Time)
_____	_____	_____	_____	<u>M / F</u>															
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