



# Notice of Appeal against Chief Psychiatrist’s Decision to revoke Information Notice

Mental Health Act 2016 Queensland  
Sections 322, 323, 532, 533  
Form-11-v2

- ◆ A person who is dissatisfied with the decision of the Chief Psychiatrist to revoke an Information Notice under section 322 or 323 may appeal the decision to the Mental Health Review Tribunal (**Tribunal**).
- ◆ The notice of appeal must be given to the Tribunal within 28 days after the person making the appeal (**Appellant**) receives notice of the Chief Psychiatrist’s decision.
- ◆ The Tribunal may, at any time, extend the time for giving the notice of appeal.

## Appellant’s details

Given name/s	Family name	
Address		
Town / Suburb	State	Postcode
Phone No.		

## Notice

**I am dissatisfied with the decision of the Chief Psychiatrist to revoke the Information Notice.**

Name of patient to whom the Information Notice relates:
Date of Chief Psychiatrist’s decision:
Date the decision was received:

**I am appealing to the Tribunal against this decision. Reasons why I am appealing**

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Signature	Date            /            /
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**Thank you for completing this Notice of Appeal. Please return it to the Tribunal by one of the following methods:**

**Post to:** MHRT, PO Box 15818, City East, Brisbane, QLD, 4002  
**Fax to:** (07) 3234 1540  
**Email to:** enquiry@mhrt.qld.gov.au

**Additional space**  
Reasons *continued*

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**To be completed if a stay is granted**

**Stay of decision**

I have decided to stay the decision of the Chief Psychiatrist dated [insert date] to revoke the Information Notice.

The stay is to be operative until the appeal is decided, withdrawn or until / / , whichever is sooner.

**Conditions for this stay include:**

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**I may revoke or amend this decision.**

<b>Presiding member's signature</b>	Print Name
	Date / /

**To:** Appellant  
Chief Psychiatrist