



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

*Mental Health Act 2016 Queensland  
Sections 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 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The stay is to be operative until the appeal is decided, withdrawn or until        /        /        , whichever is sooner.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