

Application for extension of a compulsory treatment order

Section 46(1) Substance Addiction (Compulsory Assessment and Treatment) Act 2017

In the Family Court at [location]	FAM No
I, [name of clinician] apply to the Court, under section 46(1) of the Substand Treatment) Act 2017 (the Act), to extend the compulsory treatment Patient's full name	, , ,
Address	
Date of birth	
The patient is subject to a compulsory treatment order made on	[date] and is
currently in	[name of treatment centre].
This application is made, where the patient has been examined under (a) the criteria for compulsory treatment continue to be met, and (b) the patient is suffering from a brain injury as defined in section	-
 The following documents have been served on the patient and this application the patient's extended compulsory treatment certificate a copy of clinician's report prepared under section 45(2) of the a statement on the nature of the extended compulsory treatme a statement of the right of the person receiving the documents this application. 	Act ent order, and
☐ I have taken reasonable steps to provide a copy of this application a entitled to appear and be heard as listed under section 71 of the Act.	and documents to every other person
The following person can help the court assess the patient's conc Name and contact details	lition
 These documents are included with this application application for assessment s14 certificate of medical practitioner s17(2) memorandum by authorised officer (where relevant) s18 notice to attend an assessment examination s19(2)(c), and notice to patient requiring admission to treatment centre 30(3) 	(a).
Signature of clinician Contact details	