MENTAL HEALTH ACT, 2012
FIFTH SCHEDULE
[Article 13(4)]

<table>
<thead>
<tr>
<th>Mental Health Act</th>
<th>This application shall be submitted to the Commissioner at least 168 hours before the termination of the Extended Involuntary Admission for Treatment Order or a Continuing Detention Order</th>
</tr>
</thead>
<tbody>
<tr>
<td>CDO Ref No:</td>
<td></td>
</tr>
</tbody>
</table>

**APPLICATION FOR A CONTINUING DETENTION ORDER**

To the Commissioner for the Promotion of Rights of Persons with Mental Disorders

Please grant/renew a Continuing Detention Order for Involuntary Admission for Treatment for:

<table>
<thead>
<tr>
<th>(Surname)</th>
<th>(Name)</th>
<th>(ID No)</th>
<th>(D.O.B.)</th>
<th>M / F</th>
<th>(Ward)</th>
</tr>
</thead>
</table>

EIATO Ref No ______________ / CDO Ref No ______________ due to expire on ________________

To be filled by responsible specialist in mental health

I am the responsible specialist of the above mentioned person in terms of the Mental Health Act. It is my opinion that:

(a) the criteria of the Mental Health Act for Involuntary Admission still apply to the person. I base my opinion on the following facts:

_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________

_______________________________________________________________________

(b) the person requires to be further detained in this licensed facility for treatment. I base my opinion on the following facts:

_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________

_______________________________________________________________________

(c) the objectives and timeframes of the multidisciplinary care plan submitted with the Application for Extension of Involuntary Admission for Treatment Order/Continuing Detention Order were not attained because (give reasons and indicate which objectives were not attained):

_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________

_______________________________________________________________________

□ A modified multidisciplinary care plan is submitted with this application.

(Official Stamp) (Signature) (Reg. No)

(Date) (Time)
To be filled by Commissioner

Application received on (date) _____________ at (time) _____________

☐ Modified care plan submitted
☐ Modified care plan not submitted
☐ Dr ___________________________ requested to submit modified care plan

(Signature) ___________________________ (Date) _____________ (Time) ___________

☐ Dr ___________________________ an independent specialist was appointed and notified to review person in terms of the Mental Health Act and to submit his/her opinion by (date) _____________

(Signature) ___________________________ (Date) _____________ (Time) ___________

To be filled by independent specialist in mental health appointed by Commissioner

I, the undersigned, a specialist in mental health appointed by the Commissioner to review _____________ ID No _____________ certify that:

(a) I am not the responsible specialist for the named person
(b) I have reviewed the person for whom this application is being made and in my opinion the criteria for involuntary admission in the said Act are

☐ satisfied
☐ not satisfied

I base my opinion on the following facts:
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

I recommend that a Continuing Detention Order be granted / renewed. I base my opinion on the following facts:
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

(Official Stamp) ___________________________ (Signature) ___________________________ (Reg. No) _____________

(Day) _____________ (Date) _____________ (Time) _____________
To be filled by Commissioner

☐ Independent specialist opinion received on (date) ________________
☐ Person reviewed by independent specialist on (date) ________________

DECISION

☐ Continuing Detention Order granted / renewed for a further period of ________________ (months) and shall expire on (date) ________________

☐ Continuing Detention Order not granted / renewed because:
   _______________________________________________________________________
   _______________________________________________________________________
   _______________________________________________________________________
   _______________________________________________________________________
   _______________________________________________________________________
   _______________________________________________________________________

My decision was communicated in writing to the responsible specialist on (date) ________________

________________________________________________________
________________________________________________________

(Signature)            (Date)            (Time)