Mental Health Act

<table>
<thead>
<tr>
<th>Mental Health Act</th>
<th>This notification shall be submitted to the Commissioner of Police or his representative.</th>
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CO (I) REF No: CONVEYANCE ORDER BY THE RESPONSIBLE SPECIALIST TO TAKE A PATIENT FOR ASSESSMENT AND/OR TREATMENT

To the Commissioner of Police.

To be filled by the responsible specialist in mental health.

<table>
<thead>
<tr>
<th>(Surname)</th>
<th>(Name)</th>
<th>(ID No)</th>
<th>(D.O.B)</th>
<th>M / F</th>
<th>(Sex)</th>
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of (address) __________________________________________________________

____________________________________________________

who is an involuntary patient under the Mental Health Act and is subject to:

- [ ] an involuntary admission for observation;
- [ ] an involuntary admission for treatment order;
- [ ] an extension of involuntary admission for treatment order;
- [ ] a continuing detention order;
- [ ] a community treatment order;

be sought, detained and taken to (indicate facility) ______________________ on (date) __________ at (time) ____________ for assessment and/or treatment.

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

_______________________   ___________________
(Date)                     (Time)