# Report of Breach of Order

##  Section 17(3) Mental Health and Cognitive Impairment Forensic

**Provisions Act 2020**

Treatment Provider:

Agency:

Address:

Telephone Number:

Fax Number:

Date:

The Registrar Local Court at:

Breach Report on (name of defendant):

The attached report, prepared by (Name of person) (name of treatment agency) is submitted for the information of the presiding Magistrate (Magistrate who heard the original matter)

(Name of Supervisor):

Treatment Agency:

Signed:

Name:

Position:

Court use only: (tick)

Re: (Name of defendant): Date of Birth:

1. I direct no action. Treatment conditions deleted

[ ]

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1. I direct no action. Treatment to continue

[ ]

1. Notice of call up to be issued

[ ]

1. Warrant to issue Magistrate:

[ ]

Date:

Copy to: (Name of treatment agency) Office location, Address

# Report of Breach of Order under Section 14 Mental Health and Cognitive Impairment Forensic Provisions)Act 2020

Name:

Date of birth:

CNI number:

Local Court:

Date:

Case number:

Offence(s):

Order expiry date:

Conditions of order:

Magistrate:

Offenders current address:

Mr/Mrs appears to be in breach of the above Section 14 Mental Health Order by virtue of failure to comply with conditions of order as described below:

## Details of Alledged Breach of Order

(Breach details need to be exact and directly contravene the conditions of the order. For example, if the person has failed to attend for treatment, the instructions provided to the person must be detailed including when the instructions were provided to the person and the instructions given. Then details of any (or no) response to the instruction.

(The nature of breaches will depend on the conditions of the Section 14 order.

## Response to Treatment

(This section allows the treatment agency to detail the offender’s response generally to the mental health order. Details may include previous dates when the person failed to attend for treatment which leads to a conclusion, for example “Mr X appears to have made little effort to comply with the conditions of this Section 14 Mental Health Order”).

## Recommendation

(This section allows the treatment agency to make a recommendation to the court. Such recommendations may include:

It is recommended that (person) be brought before the Court, or

It is recommended that the conditions relating to treatment by (name of treating agency) be deleted, or

It is recommended that no action be taken

Name:

Position:

Name of treatment agency:

Date:

Tel:

Fax:

Copy of Order under Section 14 Mental Health and Cognitive Impairment

Forensic Provisions Act 2020 attached.