



# Application for urgent review of patient's status

Section 34(1) Substance Addiction (Compulsory Assessment and Treatment) Act 2017

In the Family Court at [location]  FAM No

**PLEASE CHOOSE ONE OPTION**

**Option 1: if you're the patient**

Full name   
Address   
Date of birth

I apply to the court for an urgent review of my status, under section 34(1) of the Substance Addiction (Compulsory Assessment and Treatment) Act 2017 (the Act)

**OR**

**Option 2: if you're another person applying on the patient's behalf**

Full name   
Address   
Date of birth

I apply to the court for an urgent review of the status of the patient named below, under section 34(1) of the Substance Addiction (Compulsory Assessment and Treatment) Act 2017 (the Act):

Patient's full name   
Address   
Date of birth

This application is made on any of the following grounds where:

- (a) the criteria for compulsory treatment haven't been met or are no longer being met;
- (b) the compulsory treatment certificate shouldn't have been given.

[Patient's name]  is subject to a compulsory treatment certificate and has been detained in [name of treatment centre]  since [date of detainment] .

- A copy of this application has been served on the responsible clinician and the district inspector.
- I have taken reasonable steps to give a copy of this application to every other person entitled to appear and be heard as listed under section 71 of the Act.

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date

This application is filed by [contact details of applicant or area director if the patient has made this application]

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