

PRELIMINARY REQUEST FOR SECTION 77 CERTIFICATE

Pursuant to Practice Direction 5D
Mental Health and Related Services Act 1998, s77

To: The Chief Health Officer		
Judge:	
Court and Location:	
File Number/s:	
Adjourned Date:	
Name of Person Concerned:	
DOB:	
Date Report Required	_____	
Offender location:	<input type="checkbox"/> In custody <input type="checkbox"/> On bail Legal Representative: _____	
Requests preliminary advice regarding whether a full assessment for a Section 77 Certificate is warranted.		
Judge:	Date:	
Court Staff Only		
<input type="checkbox"/> emailed to:		
Top End		
MentalHealthCourtReferrals.DoH@nt.gov.au and DLC.Reports@nt.gov.au		
Central Australia		
ForensicCourtLiaisonCentral.Health@nt.gov.au and ASLC.CriminalRegistry@nt.gov.au		
Staff name:	Signature:	Date: .../.../....