

**MENTAL HEALTH ACT, 2012
TENTH SCHEDULE
[Article 23]**

Mental Health Act	This application shall be submitted to the Commissioner. _____
RCTO Ref No: _____	
APPLICATION FOR REVOCATION OF A COMMUNITY TREATMENT ORDER	
To the Commissioner for the Promotion of Rights of Persons with Mental Disorders.	
To be filled by responsible specialist in mental health.	<p>(1) Please withdraw the Community Treatment Order, CTO Ref No _____ granted on (date) _____ in respect of:</p> <p>_____ <u>M / F</u> (Surname) (Name) (ID No) (D.O.B) (Sex)</p> <p>of (address) _____ _____</p> <p>This is being recommended because:</p> <p><input type="checkbox"/> the person's mental health status has improved and the criteria for community treatment are not fulfilled any more; OR</p> <p><input type="checkbox"/> the Community Treatment Order has expired and there is no need to seek an extension; OR</p> <p><input type="checkbox"/> the person requires involuntary admission for therapeutic reasons.</p> <p>_____ (Official Stamp) (Signature) (Reg. No)</p> <p>_____ (Date) (Time)</p>
To be filled by Commissioner	<p>Notification received on (date) _____ at (time) _____</p> <p>Comments</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Request approved and my decision was communicated in writing to:</p> <p>(a) the responsible specialist on (date) _____</p> <p>(b) the person / responsible carer on (date) _____</p> <p>_____ (Signature) (Date) (Time)</p>