



IF YOU ARE NOT COMING TO YOUR HEARING

The Board encourages you to attend your hearing but if you have decided not to attend, please let us know. You can do this by completing and returning this form to the Board by post or by telephoning us on **8601 5270** or toll free for Victorian country callers on **1800 242 703** or by faxing this form to the Board on **(03) 8601 5299**.

If you are unable to attend the hearing but want the hearing put off to **another day** so that **you can attend**, please telephone the Board for further advice.

To: The Executive Officer, Mental Health Review Board

I do not want to attend my hearing. I understand that the Board will make a decision in my absence.

My Name is:

My Date of Hearing is:

The Hearing is being held at:

Please tell us why you do not wish to attend by ticking the appropriate box and providing information where requested explaining why you do not wish to attend and participate in the hearing:

- I agree with my current status.
- I have been advised not to attend and participate in the hearing by my (please tick the appropriate box and specify reason given):
 - Case Manager Lawyer Family Friend Other _____
 Please give details of the reason given: _____

- I am happy for the Board to make a decision in my absence.
- I do not think attending will make a difference because _____
- Other reason. Please give details: _____

Do you have any suggestions about how in the future the Board can assist you to participate more effectively in the hearing process? Please give details: _____

Signature:

Date:/...../.....