

## Specialist Victims Support Service

### Submissions to the Mental Health Review Tribunal form

- A victim of a forensic patient can make a submission to the Mental Health Review Tribunal (the Tribunal) if the Tribunal is considering the possible release or granting of leave to the forensic patient.
- A submission to the Tribunal can include an application for a place restriction condition and/or a non-association condition under section 146 of the *Mental Health and Cognitive Impairment Forensic Provisions Act 2020*.
  - A **non-association condition** is a condition prohibiting the forensic patient from contacting particular people. If a non-association condition is made, the Tribunal will need to tell the forensic patient the name of the person/ people who they are not allowed to contact.
  - A **place restriction condition** is a condition preventing a forensic patient from going to particular places. If a place restriction condition is made, the Tribunal can instruct the forensic patient that they are not allowed to attend a Local Government Area or other defined boundary.
- A submission will be provided to the Tribunal **seven calendar days before a leave or release hearing**.

#### Details of person submitting material

Title Full name

Residential address

Relationship to victim:

I am a victim of an act of violence (*primary victim*)

I am a family member of a primary victim who died as a result of the act of violence (*family victim*)

Other (*please specify*)

#### Patient's details

Name of forensic patient

Relationship to forensic patient (*if any*)

#### Tribunal hearing details

I understand that the Tribunal will be considering an application for: (*please tick all that apply*)

escorted leave

conditional release

supervised leave

unconditional release

unsupervised leave

other (*please specify*)

for the above forensic patient on

date of hearing (*dd/mm/yyyy*)

**As a victim of the above forensic patient, I would like to make the following submissions:**

**Impact of the forensic patient's behaviour on me and my family**

How has or does the forensic patient's past or present behaviour impact you and your family?

**Risks the forensic patient poses to me, my family and others**

What risks are you concerned about regarding the forensic patient and who will those risks impact?

**Impact of granting the forensic patient leave/release on me and my family**

If the Tribunal grants the forensic patient leave or release, how will this impact your work, living or places you frequent?

## Application for conditions if leave or release is granted

Would you like to apply to the Tribunal to make a non-association condition or place restriction condition if the application for leave or release is approved? If yes, please provide details.

I would like to apply for non-association conditions to prohibit the forensic patient from contacting:

(name of person)

What is this person's relationship to you?

Is the forensic patient likely to know who this person is?      Yes      No

Please provide further detail:

I would like to apply for place restriction conditions restricting the forensic patient from going to the following area/s. (For example the Central Coast, Upper Hunter or Sutherland Shire)

because (name of person):

works      lives      frequently attends the area/s      (Please tick all that apply)

Please provide further detail: (For example specific days and/or times and purpose)

If you would like to make more requests for non-association or place restriction conditions, please complete **Attachment A – Additional non-association and/or place restriction condition requests**.

## If you do not wish for your submission to be disclosed to the forensic patient:

I do not want my submission to be provided to the forensic patient (please tick).

If ticked, please provide details of why you do not want your submission to be provided to the forensic patient. Note, these reasons may need to be provided to the forensic patient's lawyer:

If you ask the Tribunal not to disclose all or part of your submission to the forensic patient, the Tribunal will agree to your request, unless the Tribunal considers that it is not in the interests of justice to withhold that information from the forensic patient. The Tribunal will tell you first and give you an opportunity to withdraw your submission, make an edited version or change an edited version (depending on your preference indicated below).

The Tribunal can allow the forensic patient's lawyer to see your submission if the Tribunal thinks that it is in the interests of procedural fairness. The forensic patient's lawyer cannot show the submission to the forensic patient without the Tribunal's consent. The lawyer can only provide the forensic patient with general information about the submission and any proposed conditions. For more information, please see the *Specialist Victims Support Service Fact Sheet – Submissions*.

**If the Tribunal requires my submission to be provided to the forensic patient or their lawyer:** *(please tick one of the following)*

I would like to withdraw my submission

I would like the Specialist Victims Support Service (guided by advice from the Tribunal) to provide me with an edited version of the submission

Please provide me with an opportunity to edit my submission before disclosing it to the forensic patient

**If the Tribunal requires my submission to be provided to the forensic patient's lawyer only, I have enclosed an edited version of my submission for the Tribunal to disclose on the condition that it is not provided to the forensic patient** *(please tick)*

The Tribunal may allow the forensic patient's treating team to see your submission. However, the treating team is not allowed to tell the forensic patient what is in your submission.

Please inform me if the Tribunal is providing a copy of my submission to the treating team.

**If you have made a victim impact statement to the court:**

I made a victim impact statement to the court in relation to: \_\_\_\_\_ *(forensic patient name)*

on: \_\_\_\_\_ *(date – dd/mm/yyyy).*

In addition to this submission I would like the Tribunal to take into account my victim impact statement. *(please tick)*

*Signature*

*Date signed*

*Thank you for completing the submissions to the Tribunal form.*

*A member of our team will be in contact to discuss further and forward your submission to the Tribunal for you.*

**Phone:** Victims Access line 1800 633 063 | Aboriginal Contact Line 1800 019 123 | **Email:** svss@dcj.nsw.gov.au

**Post:** Locked Bag 5118, Parramatta NSW 2124 | **Web:** www.victimsservices.justice.nsw.gov.au

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## Specialist Victims Support Service

### Attachment 1 - Additional non-association requests

#### Non association condition requests

I would like to apply for non-association conditions to prohibit the forensic patient from contacting:

*(name of person)*

What is this person's relationship to you?

Is the forensic patient likely to know who this person is?      Yes      No

Please provide further detail:

I would like to apply for non-association conditions to prohibit the forensic patient from contacting:

*(name of person)*

What is this person's relationship to you?

Is the forensic patient likely to know who this person is?      Yes      No

Please provide further detail:

I would like to apply for non-association conditions to prohibit the forensic patient from contacting:

*(name of person)*

What is this person's relationship to you?

Is the forensic patient likely to know who this person is?      Yes      No

Please provide further detail:

I would like to apply for non-association conditions to prohibit the forensic patient from contacting:

*(name of person)*

What is this person's relationship to you?

Is the forensic patient likely to know who this person is?      Yes      No

Please provide further detail:

## Specialist Victims Support Service

### Attachment 2 - Place restriction condition requests

#### Place restriction condition requests

I would like to apply for place restriction conditions restricting the forensic patient from going to the following area/s: *(For example the Central Coast, Upper Hunter or Sutherland Shire)*

because \_\_\_\_\_ *(name of person):*

works      lives      frequently attends the area/s      *(Please tick all that apply)*

Please provide further detail *(For example specific days and/or times and purpose)*

I would like to apply for place restriction conditions restricting the forensic patient from going to the following area/s: *(For example the Central Coast, Upper Hunter or Sutherland Shire)*

because \_\_\_\_\_ *(name of person):*

works      lives      frequently attends the area/s      *(Please tick all that apply)*

Please provide further detail *(For example specific days and/or times and purpose)*

I would like to apply for place restriction conditions restricting the forensic patient from going to the following area/s: *(For example the Central Coast, Upper Hunter or Sutherland Shire)*

because \_\_\_\_\_ *(name of person):*

works      lives      frequently attends the area/s      *(Please tick all that apply)*

Please provide further detail *(For example specific days and/or times and purpose)*