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| **Application to Cancel a Community Supervision Order or Custody Order s74**  *Criminal Law (Mental Impairment) Act 2023*  Section 74(1) (a) or (b) | | | (Magistrates/ Childrens Court) of Western Australia | |
| Case No: | |
| **Parties to the Application** | | | | |
| Tribunal | Name: | Mental Impairment Review Tribunal | | |
| Address: |  | | |
| Supervised Person | Name: |  | | |
| Address: |  | | |
| **Originating Decision Details** | | | | |
| Details of existing order (date of order, associated matter, court location where order was made) |  | | | |
| Expiry date of order |  | | | |
| **Supervised Person’s Legal Representative’s Details** | | | | |
| Is the Supervised Person legally represented? |  | | | |
| Name and service address  (If applicable) |  | | | |
| **Supervised Person Details** | | | | |
| Is the Supervised Person subject to a Leave of Absence Order? |  | | | |
| Place of Custody as determined by the Mental Impairment Review Tribunal |  | | | |
| **Application Details** | | | | |
| Orders sought |  | | | |
| Grounds for application |  | | | |
| Is the Minister a party to the proceedings? | * YES * NO | | | |
| **Applicant’s Details for Service** | | | | |
| Name |  | | | |
| Service address |  | | | |
| Contact details |  | | | |
| Signature of Applicant or Applicant's Legal Representative' |  | | | Date: |