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| **AUTOMATIC REVIEW OF SPECIAL POWERS ORDER** |
| **Response form for the Guardian, Substitute-Decision-Maker or Interested Person** |

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| **Special Powers for:** |  |
| **Case number:** |  |
| **Form issued to:****Case officer:** |  |

***Special Powers can only continue if there is a serious risk to the person’s health and safety, or the safety of others.***1. **Your role**

 [ ]  Guardian or substitute decision-maker[ ]  Interested person1. **Should the current special powers continue?**

[ ]  Yes, skip to question 3[ ]  No[ ]  Unsure**If you answered no or unsure, please provide details about why the current order should be revoked:**1. **Are special powers still required for the following:**
2. **Residence – deciding where the person lives or who they live with?**

[ ]  No, skip to part b)[ ]  Yes, please explain why the [$ProtectedPersonFullName] needs to be directed where to live and any wishes they have expressed about where they would like to live:1. **Detention – does the person reside in a secured area or locked ward?**

☐ No, skip to part c)☐ Yes, please explain why [$ProtectedPersonFullName] is at risk and should not leave the locked or secured area: 1. **Medical or dental treatment – Is the use of medical restraint or force to ensure the person receives proper medical and dental care for their wellbeing required?**

[ ]  No, please proceed to the end[ ]  Yes, please explain the circumstances in which [$ProtectedPersonFullName] is resistant to receiving general medical or dental treatment (including medication to manage behaviours,) and the risk to them or others if they were not provided with treatment and care:

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| **Form Issued to:**  |
| **Your relationship to the person:**(unless you are the protected person)  |
| **Email:** |
| **Address:** |
| **Telephone:** |  | **Mobile:**  |  |
| **Signature:** |  | **Date:** |  |
| **Please return this form to:** | Email: **sacat@sacat.sa.gov.au**Post: **GPO Box 2361, ADELAIDE SA 5001** |

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