



根據《精神健康條例》(第 136 章)第 59 Q 條
提出的緊急監護申請
EMERGENCY GUARDIANSHIP APPLICATION UNDER SECTION 59Q OF THE
MENTAL HEALTH ORDINANCE (Cap. 136)

致:監護委員會
To: Guardianship Board

第 I 部
PART I

申請人資料
Information on applicant

如此項申請並非由社會福利署署長提出—

If the application is NOT made by the Director of Social Welfare—

姓名(請用正楷填寫): (中文) 性別:(男/女)
Name (please print): (Chinese)..... Sex: (M/F)

身份證號碼:
Identity card no.:

地址:
Address:

聯絡電話號碼:
Contact telephone no.:

聯絡傳真號碼(如有):
Contact fax no. (if any):

如此項申請由社會福利署署長提出—

If the application is made by the Director of Social Welfare—

可聯絡的公職人員姓名(請用正楷填寫): (中文)
Name of contact public officer (please print): (Chinese).....

地址:
Address:

聯絡電話號碼:
Contact telephone no.:

聯絡傳真號碼:
Contact fax no.:

屬此項申請的標的之精神上無行為能力的人的資料
Information on the mentally incapacitated person the subject of the application

姓名(請用正楷填寫): (中文) 性別:(男/女)
Name (please print): (Chinese)..... Sex: (M/F)

身份證號碼(如知悉的話):
If known, Identity card no.:

地址(如知悉的話):
If known, Address:

(包括該精神上無行為能力的人現時所住的醫院或機構或宿舍)
(including the hospital or institution or residential home where the mentally incapacitated person is staying)

*該精神上無行為能力的人現年 歲
*The mentally incapacitated person is aged

或*
OR*

[如不知悉該精神上無行為能力的人的年齡]*本人(申請人)相信該人已年屆 18 歲。
[If the age of the mentally incapacitated person is not known]* I (the applicant) believe that the person has attained the age of 18 years.

本人(申請人)是該精神上無行為能力的人的 [述明與該人的關係]

I (the applicant) am the [state relationship] of the mentally incapacitated person.

本人(申請人)最後一次見該精神上無行為能力的人的日期是.....年.....月.....日(見註 1)。

I (the applicant) last saw the mentally incapacitated person on [date] (See Note 1).

選擇性問題 (見註 2)

Optional Question (see note 2)

本人(申請人)已就此項申請諮詢該精神上無行為能力的人的一名親屬; 他/她* 是該精神上無行為能力的人的 [述明與該人的關係及該親屬的姓名和地址] (請用正楷填寫)

I (the applicant) have consulted a relative of the mentally incapacitated person, namely his/her* [state relationship and name and address of the relative](please print).....

(見註 3)。

.....about this application (See Note 3).

提出緊急申請的理由

Reasons for making the emergency application

本人(申請人)有理由相信—

I (the applicant) have reason to believe that—

- (a) 該精神上無行為能力的人正處於危險之中或正在或相當可能會被虐待或受人利用;
the mentally incapacitated person is in danger or is being, or likely to be, maltreated or exploited;
- (b) 該精神上無行為能力的人由於精神上無行為能力而無能力就與其個人情況有關的所有或佔相當比例的事宜方面作出合理的決定;
the mentally incapacitated person is incapable by reason of mental incapacity of making reasonable decisions in respect of all or a substantial proportion of the matters which relate to his personal circumstances; and
- (c) 有需要立刻提供款項以保護該人。
it is necessary to make immediate provision to protect the mentally incapacitated person.

本人相信上述事項所基於理由是—

The reasons for my belief are—

.....
.....
.....

本人(申請人)現申請按照《精神健康條例》第 59 Q 條, 將該人交由 [建議的監護人姓名](請用正楷填寫).....

.....收容監護。

I (the applicant) apply for the person to be received into the guardianship of [proposed guardian's name](please print) in accordance with section 59Q of the Mental Health Ordinance.

申請人簽署

Signature of the applicant

姓名

Name

(請用正楷填寫) (please print)

日期

Date.....

第 II 部
PART II

建議的監護人的資料 (如建議的監護人並非由社會福利署署長擔任)

Information on the proposed guardian where the proposed guardian is NOT the Director of Social Welfare

姓名 (請用正楷填寫): (中文) 性別: (男/女)

Name (please print): (Chinese)..... Sex: (M/F)

年齡: 身份證號碼:

Age: Identity card no.:

地址:
Address:

聯絡電話號碼:
Contact telephone no.:

聯絡傳真號碼:
Contact fax no.:

第 III 部
PART III

建議的監護人作出的聲明 (如建議的監護人並非由社會福利署署長擔任)

Declaration by the proposed guardian where the proposed guardian is NOT the Director of Social Welfare

本人, 即建議的監護人, 願意按照《精神健康條例》第 59O 條, 作為 [精神上無行為能力的人的姓名] (請用正楷填寫)
.....的監護人。

I, the proposed guardian, am willing to act as the guardian of [name of the mentally incapacitated person] (please print)
.....in accordance with section 59O of the Mental Health Ordinance.

本人 (建議的監護人) 是該精神上無行為能力的人的 [述明與該人的關係]。

I (the proposed guardian) am the [state relationship] of
the mentally incapacitated person.

建議的監護人簽署

Signature of the proposed guardian

姓名
Name

(請用正楷填寫) (please print)

日期
Date

*將不適用者刪去。

* Delete as appropriate.

註: 1. 申請人必須在申請日期前 7 天內親自見過該精神上無行為能力的人。
Notes: The applicant must have personally seen the mentally incapacitated person within 7 days of the date of the application.

2. 為有關精神上無行為能力的人的最佳利益著想, 最好能通知他/她的親屬, 但該親屬不得是被指控的施虐者。提出申請不一定要徵詢親屬, 不應因此而延誤申請的時間。
If it is the best interest of the mentally incapacitated person, it is good practice to inform a relative but only if the relative is not alleged abuser. Consulting the relative is not compulsory and you should not spend an unreasonable time in locating him/her, which would delay the application.

3. 如申請人是該精神上無行為能力的人的親屬, 則將此段刪去。
Delete this paragraph if the applicant is a relative of the mentally incapacitated person.