

表格 1
FORM 1

[第 3 條]
[s. 3]

根據《精神健康條例》(第 136 章)第 59M(1)條
提出的監護申請
GUARDIANSHIP APPLICATION UNDER SECTION 59M(1) 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： (1)..... CHAN Tai-man 陳大文 性別： (男/女) (M/F)
Name: (1)..... CHAN Tai-man 陳大文 Sex: (M/F)
身份證號碼： (2)..... A123456 (7)
Identity card no.: (2)..... A123456 (7)
地址： (3)..... Room 2, Flat 18, Shek Ming House, New Shek Wai Kok Estate,
Address: (3)..... Room 2, Flat 18, Shek Ming House, New Shek Wai Kok Estate,
聯絡電話號碼： (4)..... 9137 3697 Tsuen Wan, New Territories
Contact telephone no.: (4)..... 9137 3697 Tsuen Wan, New Territories

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： (5).....
Name of contact public officer: (5).....
地址： (6).....
Address: (6).....
聯絡電話號碼： (7).....
Contact telephone no.: (7).....
聯絡傳真號碼： (8).....
Contact fax no.: (8).....

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： (9)..... CHAN Chin-ming 陳展明 性別： (男/女) (M/F)
Name: (9)..... CHAN Chin-ming 陳展明 Sex: (M/F)
身份證號碼 (如知悉的話)： (10)..... A654321 (7)
If known, Identity card no.: (10)..... A654321 (7)
地址 (如知悉的話)： (11)..... Bed 143, Ward 15A, Rehabilitation Building, Kowloon Hospital
If known, Address: (11)..... Bed 143, Ward 15A, Rehabilitation Building, Kowloon Hospital
(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 65 歲
*The mentally incapacitated person is aged (12)..... 65 歲

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] (13)..... /
社會工作者/註冊醫生/社會福利署的公職人員*。
I (the applicant) am the [state relationship] (13)..... Son of
the mentally incapacitated person/ a social worker/a registered medical practitioner/ a public officer in the Social Welfare Department*.

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]

I (the applicant) have consulted a relative of the mentally incapacitated person, namely his/her* [state relationship and name and address of the relative] (14)..... Lee Yuk-chu (mother) 李玉珠
Room 2, Flat 18, Shek Ming House, New Shek Wai Kola Estate,
Tuen Wan, New Territories..... (見註 1)。
..... about this application (See Note 1).

或
OR

本人(申請人)一直未能找到該精神上無行為能力的人在香港的任何親屬(見註 1)。

I (the applicant) have been unable to locate any relative of the mentally incapacitated person in Hong Kong (See Note 1).

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(15)..... 年..... 月..... 日
(見註 2)。

I (the applicant) last saw the mentally incapacitated person on [date] (15)..... 1 June 2012..... (See Note 2).

[如該精神上無行為能力的人是根據《精神健康條例》而被羈留的病人]* 該精神上無行為能力的人根據《精神健康條例》第(16).....條而現被或須被羈留。

[If the mentally incapacitated person is a patient detained under the Mental Health Ordinance]* The mentally incapacitated person is detained or liable to be detained under section (16)..... of the Mental Health Ordinance.

[如該精神上無行為能力的人屬根據《精神健康條例》第 59E(4)(a)(iii) 或 (6)(a)條而提出的建議的標的]* 有關建議的詳情(包括規限該精神上無行為能力的人的命令)如下—

[If the mentally incapacitated person is the subject of a recommendation under section 59E(4)(a)(iii) or (6)(a) of the Mental Health Ordinance]* Details of the recommendation (including the order which the mentally incapacitated person is subject to) are as follows—

(17).....
.....
.....

提出申請的理由

Reason for making the application

本人(申請人)有理由相信—

I (the applicant) have reason to believe—

- (a) 屬此項申請的標的之精神上無行為能力的人患有精神紊亂/屬弱智*, 而其性質或程度足以構成根據《精神健康條例》第 IVB 部將他/她收容監護的理由; 及
the mentally incapacitated person the subject of this application is suffering from mental disorder/has a mental handicap* of a nature or degree which warrants his/her reception into guardianship under Part IVB of the Mental Health Ordinance; and
- (b) 為該精神上無行為能力的人的福利着想, 或為保護他人着想, 有需要將該精神上無行為能力的人如此收容監護;
it is necessary in the interests of the welfare of the mentally incapacitated person or for the protection of other persons that the mentally incapacitated person should be so received;

本人相信上述事項所基於理由是—

The reasons for my belief are—

(18)..... To assist in managing Mr CHAN's finance to pay for his
monthly maintenance and daily expenses.
.....
.....

本人(申請人)現申請按照《精神健康條例》第 59 O 條, 將該病人交由 [建議的監護人姓名] (19).....
.....收容監護。

I (the applicant) apply for the person to be received into the guardianship of [proposed guardian's name] (19).....

..... CHAN Tai-man..... in accordance with section 59O of the Mental Health Ordinance.

陳大文

此項申請是基於2名註冊醫生(兩人均非申請人)按照《精神健康條例》第59M(3)條作出的書面報告而提出的,現將該報告一併附上(見註3)。該2名註冊醫生的詳情如下—

This application is accompanied by and founded on the attached written reports of 2 registered medical practitioners (neither of whom is the applicant) in accordance with section 59M(3) of the Mental Health Ordinance (See Note 3). Particulars of the 2 registered medical practitioners are as follows—

1. 姓名: Dr. LEE Siu-ming
Name: (20)
地址: Kowloon Hospital
Address: (21)
已照顧該精神上無行為能力的人為期:
Length of period of caring for the mentally incapacitated person: (22)..... Once
是否已根據《精神健康條例》第2(2)條獲得認可?(23)是/否*
Approved under section 2(2) of Mental Health Ordinance: (23) Yes/No*

2. 姓名: Dr. CHAU NG Chi-keung
Name: (24)
地址: Kowloon Hospital
Address: (25)
已照顧該精神上無行為能力的人為期:
Length of period of caring for the mentally incapacitated person: (26)..... one year
是否已根據《精神健康條例》第2(2)條獲得認可?(27)是/否*
Approved under section 2(2) of Mental Health Ordinance: (27) Yes/No*

申請人簽署
Signature of the applicant (28)..... Chau Tai-man

日期
Date (29)..... 1 June 2012

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 proposed guardian where the proposed guardian is not the Director of Social Welfare

姓名: CHAN Tai-man 陳太文 性別: (男/女)
Name: (30) Sex: (M/F)

年齡: 41
Age: (31)

身份證號碼: A183456(7)
Identity card no.: (32)

地址: Room 2, Flat 18, Shek Ming House, New Shek Wai Kok Estate,
Address: (33) Tsuen Wan, New Territories.

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 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](34).....
.....的監護人。

I, the proposed guardian, am willing to act as the guardian of [name of the mentally incapacitated person] (34).....
..... CHAN chin-ming 陳展明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] (35)
I (the proposed guardian) am the [state relationship] (35) *son* of
the mentally incapacitated person.

建議的監護人簽署
Signature of the proposed guardian (36)..... *Chan Ter han*

日期
Date (37)..... *1 June 2012*

*將不適用者刪去。
* Delete as appropriate.

- 註： 1. 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。
Notes: Delete this paragraph if the applicant is a relative of the mentally incapacitated person.
2. 申請人必須在申請日期前 14 天內曾親自見過該精神上無行為能力的人。
The applicant must have personally seen the mentally incapacitated person within 14 days of the date of the application.
3. 監護申請書應在一名註冊醫生於為有關申請的目的而提交一份載有醫學意見的書面報告前，最後一次檢查該精神上無行為能力的人的 14 天內，送交監護委員會 (見《精神健康條例》第 59R(4) 條)。
A guardianship application should be forwarded to the Guardianship Board within 14 days of the mentally incapacitated person's last examination by a registered medical practitioner before furnishing a written report containing a medical opinion for the purposes of the application (see section 59R(4) of the Mental Health Ordinance).

Sample