



APPLICATION TO THE CAPABILITY AND CONSENT BOARD FOR MATTERS UNDER THE MENTAL HEALTH ACT

This form is to be completed by the patient, or another person on behalf of the patient, if the patient wishes to appeal any certificate issued under this act.

Provide a blank copy of this form to the patient when they are given a copy of Form 7 (Certificate of Involuntary Admission), Form 11 (Certificate of Renewal of Involuntary Admission) or Form 17 (Certificate of Return).

Copies of this form must be provided to the:

- Capability and Consent Board (fax 867-633-6954).

IN THE MATTER OF the *Mental Health Act*

AND IN THE MATTER OF _____ hereinafter called the patient.
NAME OF PERSON

TO: the chair of the Capability and Consent Board

REGARDING the patient, an involuntary patient of _____,
HEALTH FACILITY
in the province or territory of _____.

I, _____, hereby apply for a review into whether or not the patient:
APPLICANT

(check all that apply)

- should be admitted as an involuntary patient;
- should be admitted by a renewal of an involuntary admission;
- should be transferred to another facility;
- should be returned to a hospital after failing to return on a temporary release.

DATED at _____,
this ____ day of _____, 20 ____.

Signature of applicant

Printed name of applicant

Relationship of applicant to patient