

**APPLICATION FOR ORDER FOR INVOLUNTARY EXAMINATION**

This form is to be completed by a person who believes that another person suffers from a mental disorder, and is so swearing before a judge. The judge must sign the form, and forward it to the Capability and Consent Board if Form 2 (Order to Apprehend) is issued.

**Copies of this form must be provided to the:**

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

**IN THE MATTER OF** the *Mental Health Act***AND IN THE MATTER OF** \_\_\_\_\_ hereinafter called the person.  
NAME OF PERSON TO BE EXAMINED

I apply for an order to be issued to authorize the apprehension, detention and conveyance of this person to an approved health facility for examination and assessment pursuant to section 10 of the *Mental Health Act*. It is my belief that this person is at this time suffering from a mental disorder, a belief which is based on the following observations of the behaviour of this person. List observations:

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Based on the following indications, it is my belief that this person is likely to cause bodily harm to himself/herself or to another individual, or has recently shown a lack of ability to care for himself/herself and is likely to suffer impending serious physical impairment. Give examples:

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**SWORN OR AFFIRMED** before me at

\_\_\_\_\_,  
this \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

\_\_\_\_\_  
Signature of judge\_\_\_\_\_  
Printed name of judge\_\_\_\_\_  
Signature\_\_\_\_\_  
Printed name

As I am not satisfied that the criteria established in section 6(3) of the *Mental Health Act* have been established, no Order to Apprehend will be issued at this time.

\_\_\_\_\_  
Signature of judge\_\_\_\_\_  
Printed name of judge