



FORM 3 – MENTAL HEALTH ACT, SECTION 6(1) OR 8(2)
STATEMENT OF PEACE OFFICER ON APPREHENSION

This form is to be completed by a peace officer who apprehends an individual under section 6(1) or 8(2) of the *Mental Health Act*.

Copies of this form must be provided to the:

- Capability and Consent Board (fax 867-633-6954); and
- physician or Chief Executive Officer of the health facility.

IN THE MATTER OF the *Mental Health Act*

AND IN THE MATTER OF _____ hereinafter called the person.
NAME OF PERSON APPREHENDED, IF KNOWN

The person was apprehended on YYYY/MM/DD at _____. He/she was apprehended at _____
TIME (A.M./P.M.)

DESCRIBE PLACE AND ADDRESS

I have reasonable grounds to believe that the person apprehended may, at this time, be suffering from a mental disorder within the meaning of the *Mental Health Act*, and as a result of this disorder,

- (a) is threatening or attempting to cause bodily harm to himself/herself, or has recently done so;
- is behaving violently towards another person, or has recently done so; or
- is causing another person to fear bodily harm or has recently done so;

AND the person is likely to cause serious bodily harm to himself/herself or to another person;

or

- (b) the person shows or has recently shown a lack of ability to care for himself/herself and is likely to suffer impending serious physical impairment.

The grounds for my belief are:

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

Signature of Peace Officer

Printed name of Peace Officer, badge number and detachment