

I N S T R U C T I O N S

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 _____ at _____.
Date (day/month/year) Time (a.m./p.m.)

He/she was apprehended at _____.
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 _____, _____ year.
month year

SIGNATURE OF PEACE OFFICER

PRINTED NAME OF PEACE OFFICER, BADGE NUMBER AND DETACHMENT