

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

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

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
Applicant

the patient: (Please mark 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 _____, _____.
month year

SIGNATURE OF APPLICANT

PRINTED NAME OF APPLICANT

RELATIONSHIP OF APPLICANT TO PATIENT