

FORM 9

**APPLICATION TO REVIEW BOARD FOR INQUIRY AS
TO MENTAL COMPETENCE
(Mental Health Act, R.S.N.B. 1973, c.M-10, s.8.5(5))**

I,

(Name of Involuntary Patient or Person)

of _____,

(Address)

apply to the chairman of the review board for an inquiry as to whether I am mentally
competent to give or refuse to give consent [] on my own behalf or [] on behalf of

_____ for the purposes of
(Name of Involuntary Patient)

(Check one)

[] medical treatment that is not routine clinical medical treatment or other psychiatric treatment.

[] disclosure of information under section 17 of the Act.

[] a leave of absence under section 20 of the Act.

[] transfer to and detention in a psychiatric facility in another jurisdiction under section 27 of the
Act.

Dated this _____ day of _____, 20 _____.

Signature of Involuntary Patient or Person