

# FORM 28 - Application for Review of Involuntary Status

(Mental Health Act, R.S.N.B. 1973, c.M-10, s.31(1))



To: The Chairman of the Review Board

Re: \_\_\_\_\_, an involuntary patient  
(Name of Individual)

detained at \_\_\_\_\_ .  
(Name of Psychiatric Facility)

- I  the involuntary patient  
 a person on behalf of the involuntary patient  
 the Minister  
 the Executive Director  
 the administrator

of \_\_\_\_\_ hereby  
(Address of Applicant)

apply for an inquiry into whether

(Check applicable boxes)

- the involuntary patient suffers from a serious mental illness,  
 the involuntary patient's recent behaviour demonstrates that, because of the serious mental illness, the person is likely to cause serious harm to himself/herself or to another person, or to suffer substantial mental or physical deterioration,  
 the involuntary patient is not suitable for admission as a voluntary patient,  
 less restrictive alternatives would be inappropriate, or  
 the involuntary patient requires hospitalization in the interests of the patient's own safety or the safety of others.

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

\_\_\_\_\_  
(Signature of Applicant)

\_\_\_\_\_  
Name of Applicant (Printed)

NOTE: This application may be filed when any certificate of detention in relation to the patient comes into force.