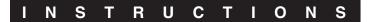


STATEMENT OF PEACE OFFICER ON APPREHENSION



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	,	nafter 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) \Box is threatening or attempting to cause bodily harm to himself/herself, or has recently done so;
 - $\hfill\square$ is behaving violently towards another person, or has recently done so; or
 - $\hfill\square$ 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:

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DATED at			,	SIGNATURE OF PEACE OFFICER
this	day of	month	,	
		month	Jour	PRINTED NAME OF PEACE OFFICER, BADGE NUMBER AND DETACHMENT
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