

FORM A

**Information**

[Section 7 of *The Youth Drug Detoxification and Stabilization Act*  
[Clause 7(a)]

CANADA  
PROVINCE OF SASKATCHEWAN

This is the Information of \_\_\_\_\_  
(informant's name)

of \_\_\_\_\_  
(address in full)

The informant says that he or she is an approved applicant within the meaning of *The Youth Drug Detoxification and Stabilization Act* by reason of the fact that the informant is:

- (a) a parent of the youth named in this Information;
- (b) a youth worker; or
- (c) a person with whom the youth named in this Information has a close personal relationship.

AND THE INFORMANT further says that: \_\_\_\_\_  
(name of youth)

of \_\_\_\_\_  
(address in full)

("the youth") refuses to submit to a drug abuse assessment and the informant has reasonable grounds to believe and does believe that the youth:

- (a) is suffering from severe drug addiction or drug abuse based on the following reasons:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- (b) is at risk of serious harm or danger to himself or herself or another person based on the following reasons:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- (c) is in need of detainment to ensure his or her safety or the safety of another person or to facilitate the youth's detoxification and stabilization based on the following reasons:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(d) should be examined by a physician to determine whether or not the youth should be admitted to a detoxification facility or receive detoxification and stabilization services based on the following reasons:

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AND THE INFORMANT further says that the youth is a beneficiary within the meaning of *The Saskatchewan Medical Care Insurance Act* by reason of the fact that the youth is a resident of Saskatchewan;

\_\_\_\_\_  
(Signature of informant)

SWORN or affirmed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, at \_\_\_\_\_.

\_\_\_\_\_  
*Judge of the Provincial Court of Saskatchewan*