

**FORM 8**

**NOTICE**

**(Mental Health Act, R.S.N.B. 1973, c.M-10, s.8.5(4))**

To: \_\_\_\_\_  
(Name of Involuntary Patient or Person)

Attached to this notice please find a certificate of mental incompetence with respect to your mental incompetence in relation to the giving or refusing to give consent for various purposes under section 8.5 of the Mental Health Act [ ] on your own behalf or [ ] on behalf of:

\_\_\_\_\_  
(Name of Involuntary Patient)

You are entitled to file an application in the prescribed form with \_\_\_\_\_

\_\_\_\_\_  
(Name and address of chairman of review board having jurisdiction)

for an inquiry into whether you are mentally competent to give or refuse to give consent under section 8.5 of the Mental Health Act.

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

\_\_\_\_\_  
Signature of Administrator

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

\_\_\_\_\_  
Address of Administrator