

FORM 12 - First Certificate of Detention

(Mental Health Act, R.S.N.B. 1973, c.M-10, s.13(1)(a))



I, _____ of, _____
(Name of Attending Psychiatrist) (Address)

being the attending psychiatrist of _____,
(Name of Individual)

an involuntary patient detained at _____
(Name of Psychiatric Facility)

state that I personally examined the individual on the _____ day of _____, 20 _____.

I am of the opinion that

- (a) the person suffers from a serious mental illness,
- (b) the person's recent behavior 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,
- (c) the person is not suitable for admission as a voluntary patient, and
- (d) less restrictive alternatives would be inappropriate.

This first certificate of detention continues the detention period of the individual from the _____ day of _____, 20 _____ to the _____ day of _____, 20 _____.

Dated this _____ day of _____, 20 _____.

(Signature of Attending Psychiatrist)

NOTE: A first certificate of detention may continue the detention period for not more than one month after the authorized period of detention under an order made by a tribunal under section 8.1 of the Act.