



Notification that a Detention Order has Expired or Been Rescinded

(Subsection 24.1(7) of *The Mental Health Services Act*)

Ministry of Health
M-13.1 REG 1
Form H.2

CANADA
PROVINCE OF SASKATCHEWAN

Notice to:

Name of Patient _____

Nearest Relative _____

Proxy _____

Personal Guardian _____

Official Representative _____

An order of the Court of King's Bench issued on _____
(dd/mm/yy)

pursuant to subsection 24.1(3) of *The Mental Health Services Act* requiring that:

Name of Patient _____

be detained in _____
(name of mental health centre)

expired on _____ ; or
(dd/mm/yy)

was rescinded by the Court on _____ and is no longer in force.
(dd/mm/yy)

Date (dd/mm/yy)

Signature of attending physician

Distribution

1. Patient
2. Nearest relative
3. Proxy (if any)
4. Personal guardian (if any)
5. Official representative