

Appeal to Review Panel
(Section 34 of *The Mental Health Services Act*;
subsection 24(2) of *The Mental Health Services Regulations*)

CANADA
PROVINCE OF SASKATCHEWAN

To , chairperson
(name of chairperson)

of the applicable review panel:

I,
(name of patient who is appealing, or on whose behalf this appeal is submitted)

of
(address)

hereby appeal:

my detention in on ;
(name of mental health centre) (dd/mm/yy)

the order for my transfer to ;
(name of another mental health centre)

my community treatment order dated ;
(provide date(s) order issued and validated)

the decision to administer ECT to me without my consent.

Date *(dd/mm/yy)*

Signature of patient, nearest relative, proxy, personal guardian,
official representative or other interested person

Address

Phone Number

Relationship of signatory to patient if signatory other than the
patient