

Form B
Information
(Subsection 19(1) of *The Mental Health Services Act*)

CANADA
PROVINCE OF SASKATCHEWAN

This is the information of _____
(informant's name)

of _____
(residence)

The informant says that:

(name)

of _____
(residence)

refuses to submit to a medical examination and the informant has reasonable and probable grounds to believe and does believe that the said _____
(name)

is suffering from a mental disorder and is in need of examination to determine whether he/she should be admitted to an in-patient facility pursuant to section 24 of *The Mental Health Services Act*.

(Signature of informant)

SWORN before me this _____ day of _____, 20 _____, at _____.

Judge of the Provincial Court of Saskatchewan