

FORM 13 - Second Certificate of Detention

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



We, the undersigned, being psychiatrists practising in the Province of New Brunswick state as follows:

1. That I, _____ of, _____
(Name of Attending Psychiatrist) (Address)

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

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

and that I have personally examined the said individual.

2. That I, _____ of, _____
(Name of Attending Psychiatrist) (Address)

have also personally examined the above-named individual.

3. That we are of the opinion that

- (a) the person suffers from a serious mental illness,
- (b) the person's recent behaviour demonstrates that, because of the serious mental illness, the person is likely to cause serious harm to himself/herself or to another person, or 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 second certificate of detention continues the detention period of the person from the _____ day of _____, 20 ____ to the _____ day of _____, 20 ____.

Dated this _____ day of _____, 20 ____ .

(Signature of Attending Psychiatrist)

(Signature of Second Psychiatrist)

NOTE: A second certificate of detention may continue the detention period for not more than two months after the date of expiration of the first certificate of detention.