

FORM 21

**APPLICATION FOR APPROVAL BY REVIEW BOARD
FOR ORDER TO TRANSFER TO PSYCHIATRIC FACILITY
IN ANOTHER JURISDICTION
(Mental Health Act, R.S.N.B. 1973, c.M-10, s.27(3))**

TO: The Chairman of the Review Board

Whereas it appears to me, the Executive Director, that it would be in the best

interests of _____,
(Name of Patient)

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

to be hospitalized in _____
(Name and Address of Psychiatric Facility in Other Jurisdiction)

in _____.
(Name of Other Jurisdiction)

And whereas the patient has not consented to the transfer,

I hereby apply for approval for the transfer of the patient to the psychiatric facility in the other jurisdiction.

Dated this _____ day of _____, 20 ____.

Signature of Executive Director