

FORM D

**Notice that a Community Order is No Longer in Effect**  
[Subsection 11(9) of *The Youth Drug Detoxification and Stabilization Act*]  
[Clause 7(d)]

CANADA  
PROVINCE OF SASKATCHEWAN

Notice to \_\_\_\_\_  
*(name of assessed youth)*

\_\_\_\_\_  
*(official representative)*

A Community Order issued on \_\_\_\_\_  
*(date)*

pursuant to section 11 of the *The Youth Drug Detoxification and Stabilization Act* with respect to:

\_\_\_\_\_  
*(name of assessed youth)*

terminated on \_\_\_\_\_, and is no longer in force.

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature of physician*