

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 \_\_\_\_\_, 19 \_\_\_\_\_, at \_\_\_\_\_.

\_\_\_\_\_  
*Judge of the Provincial Court of Saskatchewan*