

FORM G

Notification that a Detoxification Order has Expired

[Subsection 12 (7) of *The Youth Drug Detoxification and Stabilization Act*]
[Clause 7(g)]

CANADA
PROVINCE OF SASKATCHEWAN

Notice to: _____
(name of assessed youth)

(approved applicant)

(official representative)

A Detoxification Order issued on _____
(date)

pursuant to section 12 of *The Youth Drug Detoxification and Stabilization Act* requiring that:

(name of assessed youth)

being detained in _____
(name of detoxification facility)

expired on _____ and has not been renewed.
(date)

Date

Signature of physician