

FORM H

Notice of Community Order or Detoxification Order

[Section 13 of *The Youth Drug Detoxification and Stabilization Act*]

[Clause 7(h)]

CANADA

PROVINCE OF SASKATCHEWAN

Pursuant to section 13 of *The Youth Drug Detoxification and Stabilization Act*, notice is hereby given to the persons mentioned below that a Community Order or Detoxification Order has been issued with respect to

(name of assessed youth)

Notice to

(name of assessed youth)

(assessed youth's parents)

(official representative)

(approved applicant)

* * * * *

(name of assessed youth)

_____ is being detained in _____
(name of detoxification facility)

_____ on the authority of a Detoxification Order; or

_____ has become the subject of a Community Order.

Y-1.1 REG 1 YOUTH DETOXIFICATION AND STABILIZATION

AND NOTICE is hereby given that:

- the assessed youth, or an official representative or parent on behalf of an assessed youth, may appeal the Community Order or the Detoxification Order pursuant to section 15 of *The Youth Drug Detoxification and Stabilization Act* to the applicable review panel;
- the review panel has been established to investigate appeals submitted pursuant to *The Youth Drug Detoxification and Stabilization Act* and to hold any hearings that may be required by section 15 of that Act, and has the power to determine the following:
 - if the assessed youth is subject to a Community Order, whether or not the assessed youth should remain subject to the Community Order or whether or not any of the conditions of the Community Order should be varied or terminated;
 - if the assessed youth is subject to a Detoxification Order, whether or not the assessed youth should remain in detention and should be subject to the Detoxification Order

The name and address of the chairperson of the applicable review panel are as follows:

(name)

(address)

(the applicable review panel is the review panel designated to hear appeals of:

- community orders issued with respect to the applicable community; and
- detoxification orders issued with respect to the applicable detoxification facility)

Date

Signature of physician

Date

Signature of physician