

New
Renewal

FORM C

Community Order

[Section 11 of *The Youth Drug Detoxification and Stabilization Act*]
[Clause 7(c)]

CANADA
PROVINCE OF SASKATCHEWAN

I, the undersigned _____
(name of physician)

a duly qualified medical practitioner, hereby certify that I, on the _____ day
of _____, _____, at _____
(place of examination)

separately from any other physician personally examined _____
(name of assessed youth)
of _____
(address in full) *(phone number)*

and after conducting the examination of the assessed youth and making due inquiry into all the facts in connection with the case of the assessed youth necessary to be inquired into in order to enable me to form a satisfactory opinion, I am of the opinion that:

- (a) the assessed youth is suffering from severe drug addiction or drug abuse and requires detoxification and stabilization;
- (b) the assessed youth is likely to cause harm to himself or herself or to other persons, or to suffer substantial mental or physical deterioration, if he or she does not detoxify or stabilize;
- (c) the assessed youth is either:
 - (i) unable to fully understand and to make an informed decision respecting his or her need to detoxify or stabilize; or
 - (ii) unable or unwilling to take steps to begin recovery from drug addiction or drug abuse or to reduce the risk of harm to himself or herself or to other persons;
- (d) measures are available in the community that will sufficiently allow the assessed youth to undergo detoxification and stabilization; and
- (e) it is in the best interest of the assessed youth to issue the community order.

I have formed this opinion based on the following reasons:

Now, therefore, I, _____, hereby issue this Community Order
(physician)

respecting _____ directing that the assessed youth:
(name of assessed youth)

(a) _____ is to receive the following assessments and detoxification and stabilization services:

(b) _____ must attend all meetings and undergo all assessments and detoxification and stabilization services that are part of this order;

(c) _____ must report to _____ at _____; or
(name of youth worker) *(phone number)*

_____ at _____;
(name of other prescribed person) *(phone number)*

(d) _____ must abide by the following restrictions on movement or place of residence:

(e) _____ must abstain from using or possessing a drug.

Date

Signature of physician