

**FORM 30**

**CERTIFICATE OF INCOMPETENCE**  
**(Mental Health Act, R.S.N.B. 1973, c.M-10, s.36(3))**

I, \_\_\_\_\_  
(Name of Attending Psychiatrist)

of \_\_\_\_\_  
(Address)

am the attending psychiatrist of \_\_\_\_\_, a  
(Name of Patient)

patient admitted to \_\_\_\_\_.  
(Name of Psychiatric Facility)

I examined the patient on the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

After making due inquiry into all the facts necessary for me to form a satisfactory opinion, I am of the opinion that the patient is not competent to manage the patient's estate.

The reasons for my opinion are as follows:

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

\_\_\_\_\_  
Signature of Attending Psychiatrist