

FORM 32

NOTICE OF CONTINUANCE
(Mental Health Act, R.S.N.B. 1973, c.M-10, s.40(2))

I, _____, of _____,
(Name of Attending Psychiatrist) (Address)

am the attending psychiatrist of _____,
(Name of Patient)

a patient admitted to _____.
(Name of Psychiatric Facility)

I examined the patient, who is about to be discharged from the psychiatric facility on the ___ day of _____, 20____.

I am of the opinion that the patient will not, upon discharge, be competent to manage the patient's estate.

I hereby give notice that the Certificate of Incompetence which was issued with respect to the patient by _____ on the _____ day of _____, 20____ is continued.

The reasons for the continuance are as follows:

Dated this _____ day of _____, 20____.

Signature of Attending Psychiatrist

NOTE: This notice of continuance is valid until three months after the patient's discharge or until receipt of a notice of cancellation whichever occurs first.