APPLICATION FOR WARRANT TO APPREHEND A YOUTH FOR EXAMINATION (DRUG DETOXIFICATION AND STABILIZATION)

Section 7 of *The Youth Drug Detoxification and Stabilization Act*, SS 2005, c Y-1.1

APPLICANT INFORMATION: (*Name, Address, Phone*)

Bring your government issued ID with you when you go to the courthouse as it is required by the Court to confirm your identity.

SUBJECT OF APPLICATION: (*Name, Address, Phone*)

I am an approved applicant as defined in *The Youth Drug Detoxification and Stabilization Act (the "Act)* with respect to the youth:

]the youth's parent]a person with whom the youth has a close personal relationship]a youth worker

I, , make this application pursuant to section 7 of *the Act* to a judge of the Provincial Court of Saskatchewan for a warrant to apprehend (*first and last name of youth about whom application is made*) and cause them to be taken to a place where they may be examined by a physician to determine if they should be involuntarily admitted to a detoxification facility or receive detoxification and stabilization services.

Please also complete Form A, attached.

Applicant's relationship to the person who is the subject of this application, and how long the applicant has known this person:

| | Relationship | | length of time (months/years) | |
|---------|-----------------------|----|-------------------------------|----------------|
| Date: _ | | at | | , Saskatchewan |
| | Date (dd / mm / yyyy) | | signature of applicant | |
| | | | | |
| | | | | |

The information in your application, including your identity and your testimony, may be provided to the subject of the warrant.

FORM A

Information [Section 7 of The Youth Drug Detoxification and Stabilization Act] [Clause 7(a)]

CANADA **PROVINCE OF SASKATCHEWAN**

Of

(address in full)

The informant says that he or she is an approved applicant within the meaning of The Youth Drug Detoxification and Stabilization Act by reason of the fact that the informant is:

(a) a parent of the youth named in this Information;

(b) a youth worker; or

(c) a person with whom the youth named in this Information has a close personal relationship.

AND THE INFORMANT further says that:

of _____

(address in full)

(name of youth)

("the youth") refuses to submit to a drug abuse assessment and the informant has reasonable grounds to believe and does believe that the youth:

(a) is suffering from severe drug addiction or drug abuse based on the following reasons:

(b) is at risk of serious harm or danger to himself or herself or another person based on the following reasons:

(c) is in need of detainment to ensure his or her safety or the safety of another person or to facilitate the youth's detoxification and stabilization based on the following reasons:

| | (d) should be examined by a physician to determine whe | ther or not the youth should be admitted to |
|------------------|---|---|
| | a detoxification facility or receive detoxification and stabi | lization services based on the following |
| | reasons: | |
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| | MANT further says that the youth is a beneficiary within the | |
| Care Insurance A | ct by reason of the fact that the youth is a resident of Sas | skatchewan; |
| | | |
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| | | |
| | | |
| | | (Signature of informant) |
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SWORN or affirmed before me this _____day of _____,2025 , at _____

Judge of the Provincial Court of Saskatchewan