

FORM A

Information

[Section 7 of *The Youth Drug Detoxification and Stabilization Act*]

[Clause 7(a)]

CANADA
PROVINCE OF SASKATCHEWAN

This is the Information of _____
(informant's name)

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: _____
(name of youth)

of _____
(address in full)

("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 whether or not the youth should be admitted to a detoxification facility or receive detoxification and stabilization services based on the following reasons:

AND THE INFORMANT further says that the youth is a beneficiary within the meaning of *The Saskatchewan Medical Care Insurance Act* by reason of the fact that the youth is a resident of Saskatchewan;

(Signature of informant)

SWORN or affirmed before me this _____ day of _____, 20__ , at _____

Judge of the Provincial Court of Saskatchewan