

FORM 33

**APPLICATION FOR INQUIRY AS TO PATIENT'S OR
DISCHARGED PATIENT'S COMPETENCY TO MANAGE ESTATE
(Mental Health Act, R.S.N.B. 1973, c.M-10, s.42(1))**

TO: The Chairman of the Review Board

RE: _____
(Name of Patient or Discharged Patient)

of _____
(Address)

I, _____,
(Name of Applicant)

of _____,
(Address)

hereby apply for an inquiry into whether the patient (or discharged patient) is not
competent to manage the patient's estate.

Dated this _____ day of _____, 20 _____.

Signature of Applicant

NOTE: The following persons may make an application: the patient or discharged patient,
the Minister, the Executive Director or the administrator of the psychiatric facility.