Supervised Community Care - Certificate of Non-Compliance Mental Health Act, Part II.I



A copy of the Supervised Community Care Certificate of Non-Compliance must be sent to Psychiatric Patient Advocate Services. Fax Number: (506) 462-2230. To any Peace Officer in New Brunswick, Individual Subject to Supervised Community Care Plan: _______ Phone number:______DOB (MM/DD/YYYY): _____/____ Whereas a Supervised Community Care plan was created, reviewed by the Review Board, and implemented on _____(Date) as per Part II.I of the New Brunswick Mental Health Act with respect to _____ (Name of Individual), and _____(Name of Psychiatrist), have reasonable grounds to believe that (Name of Individual) has failed to adhere to the conditions and obligations outlined within the care plan. I am satisfied that reasonable efforts have been made to: (a) inform the individual who is named in this order that they have failed to comply with their Supervised Community Care plan, and (b) inform the individual of the conditions of not adhering to their Supervised Community Care plan, and (c) provide reasonable assistance to assist the individual in complying with their Supervised Community Care plan. I hereby grant sufficient authority for the aforementioned individual to be escorted to (Medical or Psychiatric Facility), where an assessment may be conducted as per Part II.I of the Mental Health Act. NOTE: This order expires 30 days after the date of the issuance of the order. (PSYCHIATRIST'S NOTES)

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psychiatrist or physician, and (b) i psychiatrist or physician, the pers	(a) retain custody of the person until the if a psychiatrist or physician advices the pondoes not require hospitalization for the sent, to the person's residence or, if that is	peace officer that, in the opinion of the he person's mental condition, return
S.34.06(6) Despite subsection (5), hours after the person was taken	a peace officer may release the detained to a medical facility, psychiatric facility o	d person on the expiration of three or physician's office.
(Signature of Psychiatrist)	(Date)	
Phone number:		