

**DURING COVID19
PANDEMIC
COUNTER
SERVICES WILL
ONLY BE OFFERED
BETWEEN**

10:00 am - 12:00 pm

and

2:00 pm - 4:00 pm

IMPORTANT INFORMATION TO READ
FOR ANY MEMBER OF THE PUBLIC
WISHING TO OBTAIN AN ORDER
UNDER THE MENTAL HEALTH ACT
WITH THE JUSTICE OF THE PEACE

A PERSON WISHING TO OBTAIN AN ORDER UNDER THE MENTAL HEALTH ACT MUST DO SO IN ACCORDANCE WITH THE FOLLOWING:

1. SEE COURT STAFF AT CRIMINAL LAW COUNTER
2. PICK UP THE APPROPRIATE PACKAGE REQUIRED TO OBTAIN AN ORDER UNDER THE MENTAL HEALTH ACT (SEE ATTACHED)

3. RETURN WITH THE COMPLETED MHA PACKAGE AND WITH I.D. FOR YOURSELF - MONDAY TO FRIDAY (EXCEPT STATUTORY HOLIDAYS)
BETWEEN THE HOURS OF 9:00 A.M. AND 3:30 P.M

**** PLEASE NOTE – THIS COURT IS CLOSED FOR LUNCH
FROM 1:00 P.M. to 2:30 P.M. ****

NO APPOINTMENTS ARE MADE OR NECESSARY

INFORMATION

**TO PERSONS SEEKING AN ORDER OF
PSYCHIATRIC EXAMINATION
FROM A
JUSTICE OF THE PEACE
PURSUANT TO THE
MENTAL HEALTH ACT**

PLEASE READ THE FOLLOWING PRIOR TO COMPLETING THE ATTACHED DOCUMENT

ORDERS OF EXAMINATION ONTARIO MENTAL HEALTH ACT

When a person appears to be suffering from a mental disorder that may endanger themselves or another person, a worried family member, friend, colleague or any concerned citizen may apply to a Justice of the Peace to make an Order for Examination under the Ontario Mental Health Act.

The Ontario Mental Health Act authorizes a Justice of the Peace, upon being satisfied, to issue an order allowing the police to escort a person who appears to be apparently suffering from a mental illness to a medical practitioner for an examination.

The applicant must lay an Information under oath setting out their concerns before the Justice of the Peace. As well, the Justice may hold a recorded hearing to be satisfied that reasonable cause exists to issue the Order for Examination.

The person to be named in the Order must be in Ontario at the time the Order is issued by the Justice, however there is no requirement that the person actually resides where the application is brought, or that the person be a permanent resident of Ontario. However it is preferable that the application be considered by a Justice of the Peace located in the same municipality as the person named in the application.

The applicant must set out their concerns in the Particulars portion of this document (attached) for seeking the Order of Examination on Part A (s.16(1) Mental Health Act) and/or Part B (s. 16 (1.1) Mental Health Act).

Part A

The applicant must satisfy the Justice of the Peace that the person to be named in an Order for Examination that he/she:

- *has threatened or attempted or is threatening or attempting to cause bodily harm to himself or herself;*
- *has behaved or is behaving violently towards another person, or has caused or is causing another person to fear bodily harm from him or her; or*
- *has shown or is showing a lack of competence to care for himself or herself*

In addition that the person to be named in the order is apparently suffering from a mental disorder of a nature or quality that likely will result in:

- *serious bodily harm to himself or herself;*
- *serious bodily harm to another person; or*
- *serious physical impairment to himself or herself*

Part B

And/or that the person to be assessed has previously received treatment for mental disorder of an ongoing or recurring nature that, when not treated, is of a nature or quality that likely will result in:

- *serious bodily harm to the person; or*
- *serious bodily harm to another person; or*
- *substantial mental or physical deterioration of the person; or*
- *serious physical impairment of the person; and has shown clinical improvement as a result of the treatment.*

In addition, the applicant must believe that the person apparently suffers from the same mental disorder as the one for which he or she previously received treatment or from a mental disorder that is similar to the previous one; and given the person's mental history of mental disorder and current mental or physical condition, is likely to:

- *cause serious bodily harm to himself or herself; or*
- *cause serious bodily harm to another person; or*
- *suffer substantial mental or physical deterioration; or*
- *suffer serious physical impairment; and is apparently incapable, within the meaning of the Health Care Consent Act, 1996, of consenting to his or her treatment in a psychiatric facility and the consent of his or her substitute decision-maker has been obtained.*

After considering all of the evidence and the Justice has been satisfied that the person is apparently suffering from some form of mental disorder and may be a danger to himself or herself or to some other person, the Justice of the Peace may issue an Order for Examination. If granted, the Order shall direct any police officer or other peace officer to whom it is addressed to take the person into custody forthwith to an appropriate place for examination by a physician. The Order is in effect for a period not to exceed seven days from and including the day that it is made.

Once the person named in the Order for Examination has been taken into custody or in the event the person named in the Order was not taken into custody within the seven days, the Order expires. After that time limit, a new application is required to determine whether another Order should be issued.

NOTE: *This information sheet has been prepared to provide a simple introduction to the application requirements and process that may issue for an Order for Examination under the Mental Health Act. If you wish advice on how the law applies in your circumstances, you should seek legal counsel.*

IMPORTANT: THIS DOCUMENT MUST BE COMPLETED IN FULL AND BE LEGIBLE IN ORDER FOR AN INFORMATION TO BE PROPERLY PREPARED FOR SIGNATURE. YOU MUST COMPLETE PART A AND/OR PART B.

PARTICULARS

In support of a request to lay an Information to obtain an Order for Examination pursuant to the Mental Health Act

YOUR NAME _____
(Informant/Applicant)

YOUR ADDRESS: _____

CITY/TOWN: _____ POSTAL CODE: _____

TELEPHONE NUMBER: _____
Residence *Work*

RELATIONSHIP TO PERSON TO BE EXAMINED: _____

NAME OF PERSON TO BE EXAMINED: _____

DATE OF BIRTH (if known): day _____ month _____ year _____

ADDRESS (if known): _____

CITY/TOWN: _____ POSTAL CODE: _____

OCCUPATION: _____

TELEPHONE NUMBER: _____

I was referred to the Justice of the Peace by: Doctor Police Other _____

Have the police investigated this matter: No Yes Occurrence Number: _____
Name of officer: _____
Police Service: _____

Have you obtained an Order for Examination for this person from a Justice of the Peace previously:
No Yes

When: _____

If your answer is yes to the previous question, are you now providing additional material for consideration:
No Yes

Please answer the following questions in support of a request for obtaining an Order for Psychiatric Examination:

PART A

Has the person to be examined:

Threatened or attempted or is threatening or attempting to cause bodily harm to himself or herself?

Yes

No

If yes, provide particulars:

Write-on back if more space is needed

Has the person to be examined:

Behaved or is behaving violently towards another person or has caused or is causing another person to fear bodily harm from him or her?

Yes

No

If yes, provide particulars:

Write on back if more space is needed

Has the person to be examined:

Shown or is showing a lack of competence to care for himself or herself?

Yes

No

If yes, provide particulars:

Write on back if more space is needed

Do you believe that the person to be examined is apparently suffering from a mental disorder of a nature or quality that will likely result in serious harm to himself/herself?

Yes

No

If yes, provide particulars.

Write on back if more space is needed

Do you believe that the person to be examined is apparently suffering from a mental disorder of a nature or quality that will likely result in serious harm to another person or persons?

Yes

No

If yes, provide particulars including the names of those you believe may be harmed.

Write on back if more space is needed

Do you believe that the person to be examined is apparently suffering from a mental disorder of a nature or quality that will cause serious physical impairment to himself or herself?

Yes

No

If yes, provide particulars:

Write on back if more space is needed

PART B

Has the person to be examined previously received treatment for mental disorder of an ongoing or recurring nature?

Yes No

If yes provide particulars including the name of the medical practitioner, the facility treated at and dates:

Write on back if more space is needed

Do you know when the person to be examined was last seen by a medical practitioner?

To your knowledge, does the person to be examined suffer from an addiction to alcohol and or a non-prescription or prescription medication?

Yes No

If yes, please indicate the addiction:

To your knowledge, is the person to be examined presently taking any medication?

YES NO

If yes, please list medication if known:

Write on back if more space is needed

Do you know if the person to be examined has received treatment for mental disorder of an ongoing or recurring nature that, when not treated, is of a nature or quality that likely will result in serious bodily harm to him or her or to another person?

Yes No

If yes, provide particulars:

Write on back if more space is needed

Do you know if the person to be examined has received treatment for mental disorder of an ongoing or recurring nature that, when not treated, is of a nature or quality that likely will result in substantial mental or physical deterioration to himself or herself?

Yes No

If yes, provide particulars.

Write on back if more space is needed

If the person has previously received treatment for mental disorder of an ongoing or recurring nature, has he or she shown clinical improvement as a result of the treatment?

Yes [] No []

If yes, provide particulars.

Write on back if more space is needed

Is the person to be examined apparently suffering from the same mental disorder as the one for which he or she was previously treated or from a mental disorder that is similar to the previous one?

Yes [] No []

If yes, provide particulars:

Write on back if more space is needed

Given the person's history of mental disorder and current mental or physical condition, is he or she likely to suffer substantial mental or physical deterioration or serious physical impairment?

Yes No

If yes, provide particulars:

Write on back if more space is needed

Is the person to be examined apparently incapable, within the meaning of the Health Care Consent Act 1996 of consenting to his or her treatment in a psychiatric facility?

Yes No

I _____ have been appointed as Power of Attorney for Personal Care of _____ and have the authority to make any personal care decisions for the said _____, including the giving or refusing of consent to any matter to which the Health Care Consent Act, 1996 applies, subject to the Substitute Decisions Act, 1992, and I hereby consent for the person named in the Information to be examined.

Is there any other information that you wish to add in support of your request for an Order for Psychiatric Examination:

_____ Date

_____ Signature of Informant

Identification of Informant Confirmed by Justice

Upon completion, return these documents to a clerk at the Criminal Court Service Area of the Ontario Court of Justice who will then arrange for you to see a Justice of the Peace as soon as possible. If these Particulars are not complete it may result in no Order being issued.

Order Issued Order Declined

Date: _____ Justice of the Peace: _____



Ministry of Health

Southwest Region

Mental Health Act Form 2

I _____
(full name of applicant)

of _____
(full address of applicant)

make oath and say:

I am applying for an order that _____
(full name or other description of person to be examined, including D.O.B.)

of _____
(full address of person to be examined)

to be taken to an appropriate facility to be examined by a physician, pursuant to S. 16 Mental Health Act. My reasons for applying for this order are:

(Fill in Part A, Part B, or both)

Part A – Subsection 16(1)

Information has been brought before me that such person

- has threatened or attempted or is threatening or attempting to cause bodily harm to himself or herself;
- has behaved or is behaving violently toward another person or has caused or is causing another person to fear bodily harm from him or her; or
- has shown or is showing a lack of competence to care for himself or herself.

In addition based upon the information before me I have reasonable cause to believe that the person is apparently suffering from mental disorder of a nature or quality that likely will result in,

- serious bodily harm to the person;
- serious bodily harm to another person, or
- serious physical impairment of the person.

Part B – Subsection 16(1.1)

Information has been brought before me that such person

- a) has previously received treatment for mental disorder of an ongoing or recurring nature that, when not treated, is of a nature or quality that likely will result in serious bodily harm to the person or to another person or substantial mental or physical deterioration of the person or serious physical impairment of the person; and
- b) has shown clinical improvement as a result of the treatment;

In addition based upon the information before me I have reasonable cause to believe that the person,

- c) is apparently suffering from the same mental disorder as the one for which he or she previously received treatment or from a mental disorder that is similar to the previous one;
- d) given the person's history of mental disorder and current mental or physical condition, is likely to

- cause serious bodily harm to himself or herself;
- cause serious bodily harm to another person,
- suffer substantial mental or physical deterioration of the person, or
- suffer serious physical impairment of the person; and

-
- e) is apparently incapable within the meaning of the *Health Care Consent Act, 1996* of consenting to his or her treatment in a psychiatric facility and the consent of his or her substitute decision-maker has been obtained.

SWORN before me at the City

of Windsor, this

day of 20

A Justice of the Peace in and for the Province of Ontario

Informant

Form also available in French upon request. Thank You.



To the police officers of Ontario.

Whereas information upon oath has been brought before me, a justice of the peace in and for the province of Ontario

by _____
(print full name of person bringing information)

of _____
(address of person bringing information)

in respect of _____
(print full name or other description of person to be examined)

of _____
(home address, if known)

Part A or Part B must be completed

Part A – Subsection 16 (1)

Information has been brought before me that such person

- has threatened or attempted or is threatening or attempting to cause bodily harm to himself or herself;
- has behaved or is behaving violently towards another person or has caused or is causing another person to fear bodily harm from him or her; or
- has shown or is showing a lack of competence to care for himself or herself.

In addition based upon the information before me I have reasonable cause to believe that the person is apparently suffering from mental disorder of a nature or quality that likely will result in,

- serious bodily harm to the person;
- serious bodily harm to another person, or
- serious physical impairment of the person.

Part B – Subsection 16 (1.1)

Information has been brought before me that such person

- a) has previously received treatment for mental disorder of an ongoing or recurring nature that, when not treated, is of a nature or quality that likely will result in serious bodily harm to the person or to another person or substantial mental or physical deterioration of the person or serious physical impairment of the person; and
- b) has shown clinical improvement as a result of the treatment;

In addition based upon the information before me I have reasonable cause to believe that the person,

- c) is apparently suffering from the same mental disorder as the one for which he or she previously received treatment or from a mental disorder that is similar to the previous one;

Part B (continued)

d) given the person's history of mental disorder and current mental or physical condition, is likely to

- cause serious bodily harm to himself or herself;
- cause serious bodily harm to another person,
- suffer substantial mental or physical deterioration of the person, or
- suffer serious physical impairment of the person; and

e) is apparently incapable within the meaning of the *Health Care Consent Act, 1996* of consenting to his or her treatment in a psychiatric facility and the consent of his or her substitute decision-maker has been obtained.

Now therefore, I order you, the said police officers, or any of you, to take the said person in custody forthwith to an appropriate place for examination by a physician.

(date of signature)

(Municipality where order signed)

(signature of Justice of the Peace)

(print name of Justice of the Peace)

Notes for Applicant / Informant
Remarques à l'intention de l'auteur de la demande / l'informateur

1. You may wish to provide your telephone number on this form so that you can be contacted by the police or the examining physician after this order is issued. This is entirely voluntary. You are not required to give this information for the order to be issued or for the order to be legally valid.
Vous pouvez à votre gré inscrire votre numéro de téléphone sur la présente formule de sorte que la police ou le médecin examinateur puisse communiquer avec vous après le prononcé de la présente ordonnance. Vous n'êtes pas tenu(e) de fournir ce renseignement pour que l'ordonnance soit prise ou pour qu'elle soit légalement valide.

(print name) / (nom)

(telephone number) / (numéro de téléphone)

2. You may wish to seek legal advice concerning this order, including the effect of this order and your legal rights.
Vous pouvez solliciter des conseils juridiques en ce qui concerne la présente ordonnance, y compris son effet et vos droits légaux.
3. You may wish to inform the police, the examining physician and/or an appropriate health care professional of the evidence you gave to the justice of peace, if you consider it appropriate in all the circumstances to do so. If you decide to do so, please use the space provided below. Use the back of this form if necessary. You are not required to give this information for the order to be issued or for the order to be legally valid.
Vous pouvez à votre gré informer la police, le médecin examinateur et le professionnel de la santé approprié, ou un seul d'entre eux, des éléments de preuve que vous avez fournis au juge de paix, si vous estimez que cela est approprié dans les circonstances. Si vous décidez de ce faire, veuillez utiliser l'espace ci-dessous prévu à cette fin. Vous pouvez aussi, si besoin est, utiliser le verso de la présente formule. Vous n'êtes pas tenu(e) de fournir ces renseignements pour que l'ordonnance soit prise ou pour qu'elle soit légalement valide.
