

Form 10

Renewal of Community Treatment Order

(Section 52 - Involuntary Psychiatric Treatment Act)

I, Dr. _____ (full name), a psychiatrist on the staff of
_____ (name of psychiatric facility), personally examined
_____ (full name of person), who is the subject of a community
treatment order on _____ (dd/mm/yyyy) at _____ a.m. at _____
_____ (location of examination). p.m.

It is my opinion that the person still fulfills the criteria of the original community treatment order dated
_____ (dd/mm/yyyy) and that the community treatment order has demonstrated efficacy.

I therefore renew the community treatment order beginning _____ (dd/mm/yyyy) and ending on
_____ (dd/mm/yyyy - date up to 6 months after date this order is signed), unless it is renewed or ended earlier.

(signature of witness)

(signature of psychiatrist)

(witness's name - printed)

(psychiatrist's name - printed)

_____ (dd/mm/yyyy)
(date of signature)

_____ (dd/mm/yyyy)
(date of signature)

Notes:

In accordance with Section 52 of the Act, a community treatment order may be renewed for 6 months at any time before it expires and within 1 month after it expires. There is no limit to the number of times a community treatment order may be renewed.