

FORM 18
MENTAL HEALTH ACT
[Section 34.2, R.S.B.C. 1996, c. 288]

**NOTIFICATION TO NEAR RELATIVE
(REQUEST FOR A REVIEW PANEL HEARING)**

This is to notify _____
first and last name of near relative (please print)

of _____,
address of near relative

being a near relative of _____, who is an involuntary patient
first and last name of patient (please print)

in or through _____,
name and address of designated facility *phone number*

that on _____ a request was made by the patient or by a person on behalf of the
date (dd / mm / yyyy)
patient for a hearing to determine whether the detention of the patient should continue.

If you wish to participate in the hearing or wish to provide information to the review panel, please contact the review panel office for information about the time, date and location of the hearing.

signature of director

date signed (dd / mm / yyyy)

name of director (please print)

How to contact the review panel office:

Mental Health Review Board
302 - 960 Quayside Drive
New Westminster BC V3M 6G2
Tel: 604 660-2325
Fax: 604 660-2403