

**FORM 18.1**  
**MENTAL HEALTH ACT**  
[ Section 34.2, R.S.B.C. 1996, c. 288 ]

**NOTIFICATION TO NEAR RELATIVE**  
**(ORDER 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 \_\_\_\_\_ the chair of the review panel, having been satisfied from a review of  
*date (dd / mm / yyyy)*

the patient's treatment record that there is a reasonable likelihood that the patient would be discharged following a hearing, made an order 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 review panel chair*

\_\_\_\_\_  
*date signed (dd / mm / yyyy)*

\_\_\_\_\_  
*name of review panel chair (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**