

Form 8
Certificate of Cancellation of Leave
(Section 44 - Involuntary Psychiatric Treatment Act)

I, Dr. _____ (full name), a
psychiatrist on the staff of _____ (*name*
of psychiatric facility), am the psychiatrist for _____
(*full name of patient*), an involuntary patient who is currently living outside of
the psychiatric facility on a certificate of leave.

I am cancelling the patient's certificate of leave dated
_____ effective the date of this certificate of cancellation of
leave because I have knowledge that (*check all that apply*)

the patient has breached a condition of their certificate of leave

the patient's condition may present a danger to the patient or

others

the patient has failed to report as required by their certificate of

leave

(date of signature)

(signature of psychiatrist)

(psychiatrist's name - printed)

Note:

This form authorizes a peace officer for up to 30 days after the date it is signed to take the patient into custody and to a psychiatric facility for an involuntary psychiatric assessment.