

FORM I

Appeal to Review Panel

[Section 15 of *The Youth Drug Detoxification and Stabilization Act*]
[Clause 7(i)]

CANADA
PROVINCE OF SASKATCHEWAN

To _____, chairperson
(name of chairperson)

of the review panel for _____
*(community in which the Community Order applies or
detoxification facility to which the Detoxification Order applies)*

I, _____
(name of assessed youth)

hereby appeal the Community Order or Detoxification Order dated _____,
*(provide date(s)
order issued)*

pursuant to subsection 15(2) of *The Youth Drug Detoxification and Stabilization Act* to
which _____ is subject.
(name of assessed youth)

Date

*Signature of assessed youth, parent
or official representative*

Address

*Relationship of signatory to assessed youth if
signatory other than the assessed youth*

NOTE: An appeal pursuant to section 15 of *The Youth Detoxification and Stabilization Act* may be brought by:

- the assessed youth;
- an official representative; or
- a parent of the assessed youth.