

YOUTH DRUG DETOXIFICATION  
AND STABILIZATION

Y-1.1 REG 1

New ☐  
Renewal ☐

FORM C

**Community Order**

[Section 11 of *The Youth Drug Detoxification and Stabilization Act*]  
[Clause 7(c)]

CANADA  
PROVINCE OF SASKATCHEWAN

I, the undersigned \_\_\_\_\_  
(name of physician)

a duly qualified medical practitioner, hereby certify that I, on the \_\_\_\_\_ day  
of \_\_\_\_\_, \_\_\_\_\_, at \_\_\_\_\_  
(place of examination)

separately from any other physician personally examined \_\_\_\_\_  
(name of assessed youth)

of \_\_\_\_\_  
(address in full) (phone number)

and after conducting the examination of the assessed youth and making due inquiry  
into all the facts in connection with the case of the assessed youth necessary to be  
inquired into in order to enable me to form a satisfactory opinion, I am of the opinion  
that:

- (a) the assessed youth is suffering from severe drug addiction or drug abuse and  
requires detoxification and stabilization;
- (b) the assessed youth is likely to cause harm to himself or herself or to other  
persons, or to suffer substantial mental or physical deterioration, if he or she  
does not detoxify or stabilize;
- (c) the assessed youth is either:
  - (i) unable to fully understand and to make an informed decision respecting his  
or her need to detoxify or stabilize; or
  - (ii) unable or unwilling to take steps to begin recovery from drug addiction or  
drug abuse or to reduce the risk of harm to himself or herself or to other  
persons;
- (d) measures are available in the community that will sufficiently allow the  
assessed youth to undergo detoxification and stabilization; and
- (e) it is in the best interest of the assessed youth to issue the community order.

I have formed this opinion based on the following reasons:

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**Y-1.1 REG 1**

**YOUTH DRUG DETOXIFICATION  
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Now, therefore, I, \_\_\_\_\_ , hereby issue this Community Order  
*(physician)*

respecting \_\_\_\_\_ directing that the assessed youth:  
*(name of assessed youth)*

- (a) \_\_\_\_ is to receive the following assessments and detoxification and stabilization services:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- (b) \_\_\_\_ must attend all meetings and undergo all assessments and detoxification and stabilization services that are part of this order;

- (c) \_\_\_\_ must report to \_\_\_\_\_ at \_\_\_\_\_ ; or  
*(name of youth worker)* *(phone number)*

\_\_\_\_\_ at \_\_\_\_\_ ;  
*(name of other prescribed person)* *(phone number)*

- (d) \_\_\_\_ must abide by the following restrictions on movement or place of residence:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- (e) \_\_\_\_ must abstain from using or possessing a drug.

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature of physician*