Effacer Imprimer Enregistrer

Centre intégré
de santé
et de services sociaux
de la Montérégie-Ouest
Québec

MOCLI60581A

Dossier : _____

Nom, Prénom : _____

Date de naissance : _____ ☐ F ☐ M
aaaa-mm-jj

NAM : _____ Exp. _____
aaaa-mm

Nom, Prénom de la mère : _____

Installation : _____

APPEARANCE AT A HEARING

I would like to express to the Court that :

☐ I desire to appear in Court on _____.
aaaa-mm-jj

☐ I do not desire to appear in Court on _____.
aaaa-mm-jj

The application that I was served with mentions that the hospital seeks leave to :

☐ To authorize my confinement for a duration not exceeding _____ days.
☐ To authorize my temporary confinement for the purposes of a psychiatric assessment.
☐ To authorize involuntary treatment measures and/or admission measures.

Right to retain and instruct counsel :

☐ I have been advised of my right to retain and instruct counsel, and wish to be represented by counsel. I understand that if I do not meet the eligibility criteria for Legal Aid, I will be charged legal fees.
☐ I have been advised of my right to retain and instruct counsel. However, I do not wish to be represented by counsel.

Signed on _____.
aaaa-mm-jj

_____
Patient's signature

_____
Witness's signature

_____
Witness's name (print clearly) and position

☐ The patient refuses to sign this attendance form.

Two witnesses are required to attest the patient's refusal :

_____
Witness # 1's signature

_____
Witness # 1's name (print clearly) and position

_____
Witness # 2's signature

_____
Witness # 2's name (print clearly) and position

À retourner au Service des affaires juridiques :
Par courriel : affaires.juridiques.mandats.cisssmo16@ssss.gouv.qc.ca
Par télécopieur au 450 348-9528