

YOUTH DRUG DETOXIFICATION
AND STABILIZATION

Y-1.1 REG 1

FORM G

Notification that a Detoxification Order has Expired
[Subsection 12 (7) of *The Youth Drug Detoxification and Stabilization Act*]
[Clause 7(g)]

CANADA
PROVINCE OF SASKATCHEWAN

Notice to: _____
(name of assessed youth)

_____ *(approved applicant)*

_____ *(official representative)*

A Detoxification Order issued on _____
(date)

pursuant to section 12 of *The Youth Drug Detoxification and Stabilization Act*
requiring that:

_____ *(name of assessed youth)*

being detained in _____
(name of detoxification facility)

expired on _____ and has not been renewed.
(date)

Date

Signature of physician