



Supplement No. 4 published with Extraordinary  
Gazette No. 87 dated 1 November, 2013.

**THE MENTAL HEALTH LAW, 2013  
(LAW 10 OF 2013)**

**THE MENTAL HEALTH REGULATIONS, 2013**

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CAYMAN ISLANDS

**THE MENTAL HEALTH LAW, 2013  
(LAW 10 of 2013)**

**THE MENTAL HEALTH REGULATIONS, 2013**

In exercise of the powers conferred by section 20 of the Mental Health Law, 2013, the Governor in Cabinet makes the following Regulations -

1. These Regulations may be cited as the Mental Health Regulations, 2013 and shall come into force on 2<sup>nd</sup> November, 2013. Citation

2. In these Regulations - Definitions

“Commission” means the Mental Health Commission established by section 3 of the Mental Health Commission Law, 2013; and (Law 14 of 2013)

“patient” means a person who is suffering from or is suspected to be suffering from a mental impairment or serious mental illness.

3. (1) Where a patient is detained in a place of safety following the issuance of an Emergency Detention Order, Observation Order or Treatment Order under section 6, 8 or 9 of the Law, respectively, paragraphs (2) to (6) shall apply. Reference to a place of safety

(2) The person making the order shall as soon as it is reasonably practicable inform the patient or his nearest relative, in writing, of the rights of appeal contained in section 6(3), 8(4) or 9(5) of the Law.

(3) Where an emergency detention order has been made and the patient is held in a hospital ward but the patient is too disturbed to remain in the ward, the responsible medical officer, after consultation with the Chief Medical Officer shall cause the patient to be removed to another place of safety.

(4) Where an inpatient in a mental health unit of a hospital presents a danger to himself or others to the extent that the level of risk is not reasonably manageable, the responsible medical officer, after consultation with the Chief Medical Officer may cause the patient to be removed to another place of safety.

(5) The patient's files shall, at least once every 12 hours, be reviewed by a medical officer or an appropriate designate, who shall act in accordance with such general or specific directives as the medical officer may give.

(6) For patients on Cayman Brac and Little Cayman, the review of the patient may be carried out by a medical doctor after consultation with a medical officer.

Functions of  
Commission: Quasi-  
judicial

4. The functions of the Commission shall be to -
- (a) hear and determine appeals made under sections 6(3), 8(4) and 9(5) of the Law;
  - (b) conduct reviews under section 6(4) of the Law;
  - (c) exercise the powers referred to in section 9(3) of the Law in relation to treatment orders; and
  - (d) hear and determine appeals made under section 12(7) of the Law.

Grounds of appeal to the  
Commission

5. An appeal made in the instances referred to in regulation 4 may be made -
- (a) on the grounds that there were no reasonable grounds for the making of the order concerned or extension of the order concerned by a similar or other order;
  - (b) on the grounds that the procedure set out in the Law was not complied with; or
  - (c) any other grounds recognised by law.

Conduct of appeals

6. (1) Appeals against the orders referred to in regulation 4 shall be made within the respective time limits provided in the Law.

(2) Appeals shall be by notice in writing addressed to the Secretary to the Commission and the notice shall set out -

- (a) the decision against which the appeal is made;
- (b) the grounds of appeal; and
- (c) whether or not the appellant wishes to be heard personally, or through a nearest relative or any other person.

(3) On receipt of a notice of appeal, the Commission shall, if the appellant has applied to be heard personally, or through a nearest relative or any other person, fix a time for such hearing and inform the appellant.

(4) At the hearing of an appeal, the Commission shall allow all parties to be heard and may, in its discretion, call upon any party or witness to address it again or to return to give further evidence.

(5) Representatives appearing on behalf of either party need not be qualified to practice law.

(6) Parties shall be notified of decisions of the Commission as soon as reasonably practicable but in not more than twenty-eight days.

7. The following are declared to be places of safety -

Places of safety

- (a) government hospitals;
- (b) police stations; and
- (c) prisons.

8. (1) On appeal the Commission may make such order (including an order for costs of damages) as it thinks fit and it may either confirm, modify or quash the decision against which the appeal is made, or any part of such decision.

Decision of Commission

(2) The Commission shall render its decision within a reasonable time after the hearing and such period shall not exceed twenty-eight days.

(3) Where a decision is confirmed, the confirmation shall take effect from the date on which the original decision was made.

9. For purposes stated in the Law and these Regulations, the forms set out in the Schedule shall be used.

Forms  
(Schedule)

**SCHEDULE**

(Regulation 9)

**FORMS**

1. Assessment
2. Request for an Emergency Detention Order
3. Observation Order
4. Request for Review
5. Treatment Order
6. Assisted Outpatient Treatment Order
7. Order to Send Patient Overseas

**FORM 1**

**ASSESSMENT**

**(For possible issuance of an Emergency Detention Order under section 6 of the Mental Health Law, 2013)**

**Medical Record Number.....**

**In the matter of:**

**First, Middle, Last Names:**

**DOB (DD/MM/YY):**

**Gender:**  F  M

**District:**  WB  GT  BT  EE  NS  CYB  LYB  Outside the Cayman Islands: *[Specify town, state, country]*

1. TO THE EXAMINER: The following is a statement that must be read to the individual before proceeding with any questions.

(1) I am authorised under the Mental Health Law, 2013 to examine you with a view to determining whether you are suffering from mental impairment or serious mental illness. If, as a medical officer, I am of the opinion that you are or may be suffering from mental impairment or serious mental illness, I am empowered to order your detention in a hospital or other place of safety for up to 72 hours and, if I do so, I am required, in writing, as soon as practicable thereafter, to inform the Mental Health Commission and supply it with a copy of my professional opinion.

(2) If, after I examine you, I do make the order, you or your nearest relative may, within 24 hours of the order being made, request a second opinion from another medical officer. If the second opinion does not recommend the issuance of an Emergency Detention Order, I will not make the order and will refer the matter, together with all relevant records, to the Mental Health Commission, which will make such decision as it thinks fit.

(3) If I do make the order but you are of the opinion that there are no reasonable grounds for making the Emergency Detention Order, you may, at any time after the making of the order and up to 14 days from the expiration of the order, personally or through a nearest relative, file an appeal with the Mental Health Commission and the Commission may affirm or expunge the order.

2. I CERTIFY THAT I [*print or type in name of medical officer*] have personally examined [*insert first, second and last name in that order*] at [*insert name and physical address of the institution where the examination is done*] on [*insert date*] starting at [*insert time indicating a.m. or p.m.*] and continuing for [*insert number of minutes*] minutes.

INSTRUCTIONS: In providing the details requested below, describe in detail the specific actions, statements, demeanor and appearance of the individual, together with other information in reasonable detail which underlie your conclusion. **Indicate the source of any information not personally known or observed.**

3. I believe that the person concerned is or may be suffering from -

(a) **mental impairment** and I base that conclusion on the following facts. [*Insert, if that be the case, facts that would bring the case within the definition of that term as defined in the Mental Health Law, 2013.*]

(b) **serious mental illness** and I base that conclusion on the following facts. *[Insert, if that be the case, facts that would bring the case within the definition of that term as defined in the Mental Health Law, 2013.]*

4. I believe that the person is suffering from:

- convulsive disorder.       alcoholism.       other drug dependence.
- mental processes weakened by reason of advanced years.
- other (specify):

5. My determination is that the person is:

suffering from a serious mental illness or mental impairment as defined in the Mental Health Law, 2013

not suffering from a serious mental illness or mental impairment as defined in the Mental Health Law, 2013

6. My diagnosis is: *[Insert relevant Diagnostic Statistical Manual /International Classification of Diseases (DSM/ICD)]*

7. Facts upon which my diagnosis is based are: *[Insert facts pertinent to diagnosis]*

8. I conclude the individual  is     is not a person requiring treatment

9. I recommend       hospitalization     alternative treatment    as follows:

*[Insert alternative treatment recommended. If recommendation includes an Emergency Detention Order, one has to be made as specified below.]*

.....

**For official purposes**

I certify that I am a person authorized by the Mental Health Law, 2013 to certify as to the individual's mental condition. I declare that this certificate has been examined by me and that its contents are true to the best of my information, knowledge and belief.

*[Insert name, official designation, organization, date, time and signature]*

.....

**EMERGENCY DETENTION ORDER**

I declare that in addition to the diagnosis that I have made above, I hereby order that you *[insert name of person to be detained]* be detained under an Emergency Detention Order for 72 hours under section 6 of the Mental Health Law, 2013.

*[Insert name, official designation, organization, date, time and signature]*

.....

**REFERENCE TO THE MENTAL HEALTH COMMISSION**

**(After three detentions)**

The person named *[insert name]* having been detained and released under an Emergency Detention Order at least three times in a period of thirty days, I hereby, in accordance with section 6(4) of the Mental Health Law, 2013, refer this matter to the Mental Health Commission.

*[Insert name, official designation, organization, date, time and signature]*

**FORM 2**

**REQUEST FOR AN EMERGENCY DETENTION ORDER**

**(By a constable of the Royal Cayman Islands Police Service under section 7 of the Mental Health Law, 2013)**

**In the matter of:**

**First, Middle, Last Names:**

**DOB (DD/MM/YY):**

**Gender:**  F  M

**District:**  WB  GT  BT  EE  NS  CYB  LYB  Outside the Cayman Islands: *[Specify town, state, country]*

- **File this statement with the receiving medical officer immediately.**
- **Please print or type all information below. All blanks must be filled in.**

I am a constable in the Royal Cayman Islands Police Service and have cause to believe, pursuant to section 7 of the Mental Health Law, 2013, that the subject is, by reason of suspected mental impairment or serious mental illness, an immediate danger, or is likely to become a danger to himself or others.<sup>9</sup>

My belief is based on specific and recent dangerous acts, attempts, threats or omissions by the subject as observed by me or reliably reported to me as stated below: *[Insert the facts describing the behaviour, when and where it occurred.]*

The witnesses (including other constables) who observed the behaviour are as follows: *[Insert the names, telephone numbers, mailing addresses, email addresses and the relationship of each person to the person to be detained.]*

Note: Witnesses are not a requirement under section 7 of the Mental Health Law, 2013 but where there are witnesses this should be stated. In that case, witness statements, if any, should be attached to this form.

Where the patient was brought to a facility by a constable, state the date, time and place when he was brought, by whom he was brought and the facility to which he was brought.

*[Insert subject's street address, district and country]*

*[Insert, for the medical officer, his name, designation, organisation, licence number, telephone number and email address, and sign.]*

*[Insert, with respect to the constable, the name, badge number, telephone number and email address, and sign]*

**FORM 3**

**OBSERVATION ORDER**

**(Under section 8 of the Mental Health Law, 2013)**

**Medical Record Number.....**

**In the matter of:**

**First, Middle, Last Names:**

**DOB (DD/MM/YY):**

**Gender:**  F  M

**District:**  WB  GT  BT  EE  NS  CYB  LYB  **Outside the Cayman Islands:** *[Specify town, state, country]*

Emergency Detention Order has been made in relation to *[insert name of patient]* initiated pursuant to section 6 of the Mental Health Law, 2013 and who was brought to *[Insert hospital or other designated place of safety]* for evaluation.

I have conducted an examination of the above person, including documenting observations of the person's recent behaviour, reviewing the form initiating this examination and this person's functioning while being treated under the Emergency Detention Order; this has been completed by conducting a brief psychiatric history, conducting a face-to-face examination of the person or in consultation with a medical officer who has conducted a face-to-face examination in consultation with me.

**Tick applicable boxes:**

This person suffers from a serious mental illness or mental impairment as defined in the Mental Health Law, 2013 and I have determined that the person does meet the criteria for continued involuntary inpatient placement in a hospital or other place of safety based upon one or more of the following reasons *(Tick as applicable)*:

1.  Person has refused placement or is unable to determine for himself that placement is necessary

2.  Person is likely to suffer from neglect posing a real and present threat of substantial harm, or there is the substantial likelihood that in the near future he will inflict serious bodily harm on self or others as evidenced by recent behaviour causing, attempting, or threatening such harm
3.  Person suffers from mental impairment or serious mental illness, as defined in the Mental Health Law, 2013 and exhibits active symptoms
4.  Person is NOT likely to survive safely in the community without supervision, based on my clinical determination
5.  Person has a history of non-compliance with treatment for a serious mental illness or mental impairment
6.  Person has within the preceding 36 months been involuntarily admitted to a treatment facility, or received mental health services in a forensic correctional facility or engaged in one or more acts of serious violent behaviour toward self or others, or attempts serious bodily harm to himself or others
7.  Person has been found to be unlikely to voluntarily participate in recommended treatment and has either refused voluntary placement or been found to be unable to determine whether placement is necessary
8.  Person has been found, based on his treatment history and current behaviour, to need involuntary outpatient placement to prevent a relapse or deterioration that would be likely to result in serious bodily harm to self or others, or a substantial harm to his well-being
9.  There have been clinical findings that it is likely the person will benefit from involuntary outpatient placement
10.  There are no less restrictive treatment alternatives available that offer an opportunity for improvement of his condition
11.  Other (*please specify*)

This examination was conducted at *[insert time, date and place of examination]*

As a medical officer registered to practice under the Health Practice Law (2005 Revision), eligible to perform the involuntary examination, I have:

- Recommended continued involuntary placement of this person; or

Recommended immediate placement in an approved place of safety as per the Mental Health Law, 2013

Section 8 of the Law

has been read to the patient

a copy of the relevant section has been provided

*[Insert name of Responsible Medical Officer, designation, licence number, organisation, date and time]*

**FORM 4**

**REQUEST FOR REVIEW**

**(Under section 5 of the Mental Health Law, 2013)**

**Medical Record Number.....**

**In the matter of:**

**First, Middle, Last Names:**

**DOB (DD/MM/YY):**

**Gender:  F  M**

**District:  WB  GT  BT  EE  NS  CYB  LYB  Outside the Cayman Islands: *[Specify town, state, country]***

I, *[insert name]*, being a nearest relative of the above-named patient (herein referred to as “the person”) hereby request the involuntary examination of the person.

This request for review will be included in the person’s clinical record and may be viewed by the person.

I understand that by filling out this form, the person may be taken by law enforcement to a health care facility for an examination.

I SWEAR that the answers to the following questions are given honestly, in good faith, and to the best of my knowledge.

1 (a) I live at *[Print your full residential address (or, if nearest relative is acting in a professional capacity, the place of business), phone number, email address and district/town, state and country]*

1(b) I work as *[Insert your occupation, work street address, email address, work phone number and district (or, if from outside the country, the town, state and country)]*

1(c) The person lives at, or may be found at, the following address (es) *[Insert home address and district; and work address and district]*

2. I am a *[insert relationship]* to the person.

3. (Tick those that apply)

3(a)  I have or  I have not previously made allegations to law enforcement involving this person in relation to things such as domestic violence, trespassing, battery, child abuse or neglect, or neighbourhood disputes: *[Insert description and dates allegations were made]*

3(b) A family member  has or  has not previously made allegations to law enforcement involving the person in relation to things such as domestic violence, trespassing, battery, child abuse or neglect, or neighbourhood disputes: *[Insert description and dates allegations were made]*

.....  
3(c) This person  has or  has not previously made allegations to law enforcement about me or my family for things such as domestic violence, trespassing, battery, child abuse or neglect, or neighbourhood disputes: *[Insert description and dates allegations were made]*

4. (Tick ONE box that applies)

4(a)  I have been  I have never been involved in a court case with the person.

4(b) I am aware that a family member  has or  has not been involved in a court case with the person.

If yes, explain: [Insert explanation here]

5. I have known the person for [State for how long] and (Tick as applicable):

5(a) The person has only recently displayed unusual kinds

of behaviour  Y  N

5(b) The person has, over a period of time, acted in a strange manner  Y  N

5(c) The person's behaviour has deteriorated over a period of time  Y  N

COMPLETE THE FOLLOWING ONLY IF THE SECTION APPLIES TO THIS CASE:

6. I have seen the following behaviours, which cause me to believe that there is a good chance that the person will cause serious bodily harm to himself or others. On [date] at approximately [time] I saw the person: [Insert behaviours].

7. Other behaviour of concern that I have personally seen is as follows: [Insert]

8. To my knowledge I believe these actions were a result of  developmental disability  intoxication  conditions resulting from antisocial behaviour or substance abuse impairment or  none of the above.

CIRCLE AND/OR ANSWER APPLICABLE SECTIONS

9. (Indicate as applicable)

9(a) Y/N I have attempted to get the person to agree to seek assistance for a mental or emotional problem(s). (Describe when, who was present, and whether you or another person explained the need for the examination): [Insert]

Note: At the time of issuing the Mental Health Regulations, 2013, of which this form is a part, the Mental Health Law, 2013, contained (and may still contain) the following definitions:

*“mental impairment” means a state of arrested or incomplete development of mind, which may or may not be due to a trauma or injury and includes significant impairment of intelligence and social functioning and which may*

or may not manifest itself in abnormally aggressive or seriously irresponsible conduct.

“serious mental illness” means a substantial disorder of thought, mood, perception, orientation or memory which -

- (a) grossly impairs a person’s -
  - (i) judgement;
  - (ii) behaviour;
  - (iii) capacity to recognize reality; or
  - (iv) ability to meet the ordinary demands of life; or
- (b) poses a danger to the person concerned or others,

but does not include a sole diagnosis of alcoholism or drug abuse, that is, a diagnosis of alcoholism or drug abuse without any other ailment of a mental nature.

9(b) Y/N I have attempted to get the person to agree to a voluntary examination because: *[Insert explanation]*

9(c) Y/N The person refused a voluntary examination because: *[Insert explanation]*

10. Have you taken any steps to get the person to go to a hospital for mental health care?

- YES (If yes, provide details)       NO       DON'T KNOW

11. Do you believe that the person is unable to determine for himself, why the examination is necessary?

- YES (If yes, provide details)       NO       DON'T KNOW

12. Do you believe that the person has a mental impairment or serious mental illness as defined in the Mental Health Law, 2013?  YES (If yes, provide details)  
 NO       DON'T KNOW

13. Do you believe that without care or treatment, the person is likely to suffer from neglect or refuse to care for himself or others?  YES (If yes, provide details)  
 NO       DON'T KNOW

14. Do you believe that this lack of care or neglect will lead to the person hurting himself or others?

YES (if yes, provide details)       NO       DON'T KNOW

15. Are family or close friends able to provide enough care to avoid harm to the person or others?

YES (If yes, provide details)     NO (If no, provide details)

DON'T KNOW

Provide the following identifying information about the person (if known)

Height:    Weight:    Hair Color:    Eye Color:

Does the person have access to any weapons?     No     Yes     Don't know

If yes, describe: *[Insert description]*

Is the person violent now?     No     Yes     Don't know      Has the person  
been violent in the recent past?     No     Yes     Don't know      If Yes,

Describe: *[Insert description]*

Does the person have any pending criminal charges against him/her?     No   

Yes     Don't know    If yes, describe: *[Insert description]*

GUARDIANSHIP:

(1) Does the person have a legal guardian?     No     Yes     Don't know

(2) Is there a pending petition to determine the person's capacity and for the appointment of a guardian?     No     Yes     Don't know

If yes to either of the above, provide the name, address and phone number of the current or proposed guardian.

Name:

Phone:

Address:

City:

Zip:

Physician: *[Name, phone]*

Medications: *[Provide name of medications if known]*

Case management: Provide name and phone number of case manager or case management agency, if known. (Social Worker/Probation Officer/Mental Health Professional)

I understand that if in this form I have made a statement which I do not believe to be true I may be exposed to criminal penalties under section 21 of the Mental Health Law, 2013.

I declare that I have read the foregoing document and that the facts stated in it are true to the best of my knowledge.

Signature of Nearest Relative:

Printed Name of Nearest Relative:

Date:

Signature of Person assisting Nearest Relative:

Printed Name of Person assisting Nearest Relative:

Date:

Signature of Person acting on behalf of Nearest Relative:

Printed name of Person acting on behalf of Nearest Relative:

Date:

**Form 5**

**TREATMENT ORDER**

**(Under section 9 of the Mental Health Law, 2013)**

**Medical Record Number.....**

**In the matter of:**

**First, Middle, Last Names:**

**DOB (DD/MM/YY):**

**Gender:**  F  M

**District:**  WB  GT  BT  EE  NS  CYB  LYB  Outside the Cayman Islands: *[Specify town, state, country]*

I, *[name]* the Responsible Medical Officer have personally examined *[insert full name of person, his date of birth]* under an Observation Order issued under section 8 of the Mental Health Law, 2013 and find from such examination that the person meets the following criteria for the initiation of a Treatment Order under section 9.

1. The said person is (tick one)  mentally impaired or  has a serious mental illness and for that reason:

1(a)  The said person has been treated under an Observation Order and persists in his mental impairment or serious mental illness to an extent that renders him/her unfit.

OR

1(b) The said person is unable to determine for himself whether placement is necessary.

AND

2. Either (tick one or both):

2 (a)  The said person is manifestly incapable of surviving alone or without the help of willing and responsible family or friends, including available services, and without treatment, he is likely to suffer from neglect or refuse to care for himself and such neglect or refusal poses a real and present threat of substantial harm to his or her well-being; OR

2(b)  There is substantial likelihood that in the near future the said person will inflict serious bodily harm on himself or another person as evidenced by recent behaviour causing, attempting, or threatening such harm.

AND

2(c)  All available less restrictive treatment alternatives which would offer an opportunity for improvement of the said person's condition have been judged to be inappropriate based on a treatment discussion with the following medical officer:

*[Name of Medical Officer]*

This person should be detained for treatment until *[insert date and time]* or until such time as that person is deemed to be fit for release.

Date:

Signature of Responsible Medical Officer

Time:

Printed Name of Responsible Medical Officer:

Licence Number

NOTE: THIS ORDER MAY BE RENEWED UNDER SECTION 9(2) OF THE MENTAL HEALTH LAW, 2013 AND IN THAT REGARD THE PROCEDURE SHALL BE THE SAME AS THE PROCEDURE FOR AN INITIAL ORDER

**CONSULTATION REPORT**

**(Opinion of second medical officer under section 9 of the Mental Health Law, 2013)**

I [*print name*] , medical officer authorized to provide a second opinion on this matter pursuant to section 9, have personally examined [*full name of person, date of birth*] on [*date*], (within 72 hours of the signing of the above Treatment Order) and find that he meets the criteria for involuntary inpatient placement as stated in this matter.

[*Insert signature, print name and insert also the date*]:

**Form 6**

**ASSISTED OUTPATIENT TREATMENT ORDER**

**(Under section 12 of the Mental Health Law, 2013)**

**Medical Record Number.....**

**In the matter of:**

**First, Middle, Last Names:**

**DOB (DD/MM/YY):**

**Gender:**  F  M

**District:**  WB  GT  BT  EE  NS  CYB  LYB  Outside the Cayman Islands: [*Specify town, state, country*]

**THE RESPONSIBLE MEDICAL OFFICER (RMO) FINDS:**

1.  By clear and convincing evidence, the individual is a person requiring treatment because the individual has a serious mental illness or mental impairment, and as a result of that serious mental illness or mental impairment, the individual's understanding of the need for treatment is impaired to the point that individual is unlikely to participate in treatment voluntarily.

2.  The individual is currently noncompliant with treatment which has been recommended by a mental health professional registered under a mental health category under the Health Practice Law (2005 Revision) and which treatment has been determined by that mental health professional to be necessary to prevent a relapse or harmful deterioration of the individual's condition, and the individual's noncompliance with this treatment has been a factor in his placement in a place of safety.

3.  The individual  is  is not scheduled to begin a course of assisted outpatient treatment as defined under the Mental Health Law, 2013.

The undersigned Responsible Medical Officer therefore recommends that the person be placed on an Assisted Outpatient Treatment Order from *[date and time]* for a period of *[insert]* months, ending on *[insert date and time]*

PROPOSED TREATMENT PLAN IS AS FOLLOWS *[Insert]*

SEE ATTACHED PAGE(S) FOR PROPOSED TREATMENT PLAN

*[Insert signature of Responsible Medical Officer, print his name and insert also the date]*

.....

Submitted to the Mental Health Commission on *[date]*

Submitted to the court on *[date]*

**FORM 7**

**ORDER TO SEND PATIENT OVERSEAS**

**(Section 14 of the Mental Health Law, 2013)**

**Medical Record Number.....**

**In the matter of:**

**First, Middle, Last Names:**

**DOB (DD/MM/YY):**

**Gender:**  F  M

**District:**  WB  GT  BT  EE  NS  CYB  LYB

**To:** *[insert name of hospital] of [insert country]*

This is to require you to take charge of *[insert name of person]* detained at *[name place]* and to convey him to *[insert country to which to be conveyed]* by *[insert means of conveyance]* and there deliver him into the custody of *[insert name and designation of receiving practitioner]* of *[insert name of receiving facility]* aforesaid with the enclosed duplicate copy of this Order.

Dated the            day of            , 20\_\_

**Governor**

Made in Cabinet the 22<sup>nd</sup> day of October, 2013.

Carmena Watler

Acting Clerk of the Cabinet.