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| **Substance Addiction (Compulsory Assessment and Treatment) Act 2017****Notice to Attend a Specialist Assessment**(Section 19 of the Act) |  |
| To: [Name] |
| **Contact information of the person to be assessed** |
| Last name |  | First name |
|       |  |       |
| Date of birth |  |
|   |   |   |   |   |   |   |   |  |
| Address |  | Postcode |
|       |  |   |   |   |   |
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**You are required to attend an assessment by:**

[Name of approved specialist nominated by the Director of Area Addiction Services]

At:

[Address where the assessment is to take place]

On:

Date:       Time:

The purpose of the assessment is to determine whether you suffer from severe substance addiction and have severely impaired capacity to consent to treatment for that addiction and, if so, whether compulsory treatment is required.

This notice is issued by:

[Name of the person authorised by the Director of Area Addiction Services]

[Business address]

[Telephone number]

I have made arrangements to have this notice explained to you, in the presence of a member of your family, whānau, your caregiver or another person concerned with your welfare.

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| **Signature** |

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|  |  |   |   |   |   |   |   |   |   |
|  |  | Date |