**Substance Addiction (Compulsory Assessment and Treatment) Act 2017**

 **Note**: All section references are to the Substance Addiction (Compulsory and Treatment) Act 2017

**Compulsory Treatment Certificate**

(Section 23)

 (1) If, after completing an assessment of a person under [section 22](http://www.legislation.govt.nz/act/public/2017/0004/23.0/link.aspx?search=sw_096be8ed814d0659_23_25_se&p=1&id=DLM6609163" \l "DLM6609163), an approved specialist considers that the criteria for compulsory

 treatment are met, the approved specialist must sign a compulsory treatment certificate in respect of the person.

 (2) The approved specialist must date and sign the certificate.

 (3) The certificate takes effect as soon as it is dated and signed.

Note that for a child or young person, Section 24 of the Act requires consideration of Ministry for Vulnerable Children, Oranga Tamariki options.

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| To: The Director of Area Addiction Services (Area Director) at [name of service] |
| **Contact information of person who has been assessed** |
| Last name |  | First name |
|       |  |       |
| Date of birth |  NHI |  Phone number |
|   |   |   |   |   |   |   |   |  |   |   |   |   |   |   |   |  |   |   |   |   |   |   |   |   |   |   |   |
| Address |  | Postcode |
|       |  |   |   |   |   |
|  |  |

I have examined the person named above. In doing so, I carefully considered their condition in relation to the criteria for compulsory treatment set out in section 7 of this Act. My opinion is that:

[ ]  [assessed person's name] **does not require** compulsory treatment

**OR**

[ ]  [assessed person's name] **requires** compulsory treatment under the Act and an application will be made to the Court for the making of a compulsory treatment order under section [number] of the Act.

A copy of this certificate, including the legal consequences of this certificate and the right of those individuals to apply to the Court for an urgent review of [assessed person's name]’s condition (see next page of this certificate), has been sent to all those ticked in the list below.

[ ]  the person who has been assessed

[ ]  any welfare guardian of that person

[ ]  the applicant who applied for the person’s assessment

[ ]  the principal caregiver of the person who has been assessed

[ ]  a district inspector

[ ]  [others].

The following have been sent to the Director of Area Addiction Services for their attention:

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| [List in full your reasons for your opinion on the condition of the person you have assessed, and any other relevant information from other health professionals] |

**Legal consequences of this Compulsory Treatment Certificate and your right to urgent review by the Court**

If this Compulsory Treatment Certificate finds that the assessed person requires compulsory treatment under the Substance Addiction (Compulsory Assessment and Treatment) Act 2017, the information below sets out the legal consequences of that finding and the rights you may have to apply to the Court for an urgent review of that finding.

The legal consequence of this Compulsory Treatment Certificate finding that the person who has been assessedmeets the criteria for compulsory treatment set out in section 7 of the Act means that the Director of Area Addiction Services will apply to the Court for making a compulsory treatment order.

**Information given by approved specialist to the person who has been assessed under the Act**

In accordance with section 22(4) of the Act

[ ]  I have disclosed all the information a reasonable person would require to make an informed decision about the treatment

[ ]  I have discussed the information with the person

[ ]  I have given the person a reasonable opportunity to ask questions about any aspect of the treatment

[ ]  I have given the person a reasonable opportunity to discuss the treatment with the person’s principal caregiver and welfare guardian (if the Court has appointed one)

[ ]  I have informed the person that they are entitled to seek independent advice from another approved specialist

This certificate is issued by:

|  |
| --- |
| **Contact details and signature of the approved specialist who conducted the assessment examination** |
| Last name |  | First name |
|       |  |       |
| Address |  | Postcode |
|       |  |   |   |   |   |
|  |  |
| Email address |  | Contact phone number |
|       |  |   |   |   |   |   |   |   |   |   |   |   |   |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |   |   |   |   |   |   |   |   |
| Signature |  | Date |