



ONTARIO

CERTIFICATE OF INCOMPETENCE

Form 15 The Mental Health Act, 1967 Section 32

I, the undersigned physician, hereby certify that on the 3 day of December, 1973.

I personally examined [redacted]

(name of patient in full)

C. A. S. Toronto, 33 Charles St. E. M.T. Toronto, Ontario

(home address)

After making due inquiry into all the facts necessary for me to form a satisfactory opinion, I do hereby further certify that he/she is not competent to manage his/her estate.

1. Facts indicating incompetence observed by myself:

No speech. With drawn. Not responding to oral environment, poor autistic features. Not toilet trained.

2. Other facts, if any, indicating incompetence communicated to me by others:

Severely mentally retarded with I.Q. under 20.

State from whom the information was received:

Records from HSC, MRC and Ineban Home

Date Dec 3rd, 1973.

(Print or type name of signing physician)

Dr. Hospital School, Ontario

(Psychiatric facility)

Date of Admission Dec 3rd, 1973