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| **IN THE STATE COURTS OF THE REPUBLIC OF SINGAPORE** |
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| PHC/OSS. of 20 In the matter of an application under section(s) [12(2)/12(2E)/12(2F)/13/13B]\* of the Protection from Harassment Act. |
| Between |
| *Appointed Psychiatrist.* |
| And |
| *Respondent* |
| And |
| *Applicant*\* |
| **AFFIDAVIT** |
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| I, [*name of appointed psychiatrist*], do make oath (or affirm) and say that the statements contained in the document exhibited and marked “A” are true. |
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| \*Sworn / Affirmed by­ ) )this day of )At Singapore \*through the interpretation of ) ) Before Me  A Commissioner for Oaths  |

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| This is the exhibit marked“A”Referred to in the Affidavit of(name of Applicant)Affirmed on this \_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_ 20\_\_\_Before meA Commissioner for Oaths |

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| **INFORMATION IN SUPPORT OF APPLICATION** |
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| 1. I am the appointed psychiatrist with whom the respondent in this case has been ordered to undergo psychiatric treatment. |
| 2. I wish to apply to [vary/revoke]\* the mandatory treatment order made on (*date*). |
| 3. \*I wish for the abovementioned mandatory treatment order to be varied as follows: [*specify variation applied for*] |
| 4. My reasons for this application are as follows: |
| □ There has been a change in the circumstances after the order was made. |
|  [*specify details of the change*]: |
| □ The Respondent has made progress in psychiatric treatment. |
|  [*specify progress made*]: |
| 5. I attach the following evidence in support of my application:  |
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| **Confirmation of Contents** |
| 6. I confirm that to the best of my knowledge, information and belief, the information contained in this document is true. |
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| [*Signature of Appointed Psychiatrist*] |
| Name of Appointed Psychiatrist:  |
| Date:  |
|   |
| \*Delete where inapplicable. Paragraph 3 applies only if you are applying for a variation.  |