

Medical examination: statement of parties and inspector

To be completed by the relevant party/inspector	
Name of court	Case No.
Name of Petitioner	
Name of Respondent	

(please tick the boxes that apply)

I,

of

Postcode

declare that I am the person referred to as the ☐ Petitioner ☐ Respondent

in the order dated / /

appointing (name of medical inspector)

to examine me in accordance with the directions set out in the order.

Dated / /

Signed

I,

of

Postcode

the medical inspector named in the order, certify that the above statement was signed in my presence by the person I have examined in accordance with the directions set out in the order.

Dated / /

Signed

To the District Judge