

that A. B. of _____ in the [County] of _____
 is a common prostitute, and has a contagious disease
 within the meaning of the Contagious Diseases Prevention Act,
 1865, and within fourteen days before the date of this informa-
 tion, that is to say : on _____ day the
 day of _____ was in a public place within the limits of
 a place to which the said Act applies, that is to say, in
 street, in the [Parish], of _____ for the purpose of
 prostitution.

Taken before me the day and year first above mentioned.
 (Signed,) L. M.

FORM OF NOTICE.

To A. B., of _____
 Take Notice, that an Information, a copy whereof is sub-
 joined hereto, has been laid before me, and that, in accordance
 with the provisions of the Act therein mentioned, the truth of
 the statements therein contained, will be enquired into before
 me or some other Justice, at _____ on the
 day of _____ at _____ o'clock.

You are therefore to appear before me, or such other Justice,
 at that place and time, and to answer to what is stated in the
 said Information.

You may appear yourself, or by any person on your behalf.

If you do not appear you may be ordered, without further
 Notice, to be taken to a Certified Hospital for Medical Exami-
 nation.

If you prefer it, you may go with the constable [*or as the
 case may be*] who serves this Notice, to the _____ Hospital,
 at _____, and submit yourself there to medical exami-
 nation.

Dated this _____ day of _____
 (Signed,) L. M.
 Justice of the Peace for _____

(*Subjoin Copy of the Information.*)

FORM OF ORDER FOR EXAMINATION.

Be it remembered, that on the _____
 to wit : } day of _____ in pursuance
 of the Contagious Diseases Prevention Act, 1865, I, one of Her
 Majesty's Justices of the Peace in and for the said [County]
 of _____ do order that A. B., of _____ be
 taken to _____ Hospital (*being a certified Hospital
 within the meaning of the said Act*) for _____
 (*medical examination*)

(Signed,) L. M.

FORM OF MEDICAL CERTIFICATE.

To L. M. Esq. and others, Her Majesty's Justices of the
 Peace for the [County] of _____