

Barrett Adolescent Centre Commission of Inquiry

BARRETT ADOLESCENT CENTRE COMMISSION OF INQUIRY

Commissions of Inquiry Act 1950
Section 5(1)(d)

STATEMENT OF**DR STEVEN ROBERT BOWER**

Name of Witness:	STEVEN ROBERT BOWER
Date of birth:	
Current address:	
Occupation:	Psychiatrist
Contact details (phone/email):	
Statement taken by:	

I, Steven Robert Bower make oath and state as follows:

I have attached a witness statement that I ascertain is a correct statement to the best of my knowledge.

Witness Signature:

9/2/16

Doc No. [PARTY CODE]/[DATE]

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Justice of the Peace / Commissioner for Declarations / Lawyer

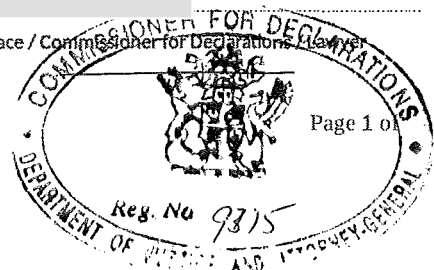


EXHIBIT 187

Pages 2 through 5 redacted for the following reasons:

-This document has been redacted in full in accordance with the Confidentiality Protocol published by the Commission on 12 October 2015 and the Order made by the Commissioner on 15 October 2015.