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| ONTARIO | | | | | | | | | | | | |
|  | | | | | | | | | |  | Court File Number | |
| (Name of court) | | | | | | | | | | Form 33F: Consent to Secure Treatment (person other than child) | |
| **at** |  | | | | | | | | |
|  | Court office address | | | | | | | | |
| Applicant(s) | | | | | | | | | | | | |
| Full legal name & address for service — street & number, municipality, postal code, telephone & fax numbers and e-mail address (if any). | | | | | | |  | Lawyer’s name & address — street & number, municipality, postal code, telephone & fax numbers and e-mail address (if any). | | | | |
|  | | | | | | |  |  | | | | |
| Child | | | | | | | | | | | | |
| Full legal name of child: | | | | | | |  | Lawyer’s name & address — street & number, municipality, postal code, telephone & fax numbers and e-mail address (if any). | | | | |
|  | | | | | | |
| Birthdate: | | | | | | |  |  | | | | |
|  | | | | | | |
| Sex: | | | | | | |  |
|  | | | | | | |
|  | | | | | | | | | | | | |
| Name and address of secure treatment program in this case | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| My name is *(full legal name)* | | | |  | | | | | | | | and I am |
|  | | the administrator of the secure treatment program. I consent to this application for | | | | | | | | | | |
|  | |  | the child’s commitment to the program. | | | | | | | | | |
|  | |  | an extension of the child’s commitment to the program. | | | | | | | | | |
|  | |  | an extension of the commitment to the program of the person admitted into it who has now attained the age of eighteen years. | | | | | | | | | |
|  | | the child’s parent. I consent to | | | | | | | | | | |
|  | |  | this application for the commitment of my child who is in the care of a person other than the administrator of the secure treatment program. | | | | | | | | | |
|  | |  | my child’s commitment to the secure treatment program for a period of 180 days in this application brought by *(full legal name of applicant children’s aid society)* | | | | | | | | | |
|  | |  |  | | | | | | | | | |
|  | |  | this application by the administrator of the secure treatment program for an extension of my child’s admission to the program. | | | | | | | | | |
|  | | an authorized representative of the Minister responsible for the child and youth secure treatment program in Ontario. I consent to the admission of the child who is less than twelve years old to the secure treatment program. | | | | | | | | | | |
|  | |  | temporarily while this case for an order of commitment or for an order extending it is adjourned. | | | | | | | | | |
|  | |  | on the court’s final order of commitment or extending commitment. | | | | | | | | | |
|  | | an officer of *(full legal name of children’s aid society)* | | | |  | | | | | | |
|  | | I am authorized, on behalf of the society, to consent to this application of the administrator of the secure treatment program for an extension of the child’s commitment to that program. | | | | | | | | | | |
|  | | the person who is the subject of this case. I am 18 years of age or more. I consent to this application to extend my commitment to the secure treatment program to which I am now admitted. | | | | | | | | | | |
|  | | | | |  | | | |  | | | |
| Signature | | | | |  | | | | Date of signature | | | |