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| ONTARIO | | | | | | | | | | | | | | | | | | | | |
| [SEAL] | |  | | |  | | | | | | | | | | | | | |  | Court File Number |
| (Name of court) | | | | | | | | | | | | | | Form 25B: Secure Treatment Order |
|  | | | **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). | | | |
|  | | | | | | | | | | |  | | | |
| Judge (print or type name) | | |  | | Child | | | | | | | | | | | | | | | |
|  | | |  | | Full legal name of child: | | | | | | | | | | |  | Lawyer’s name & address — street & number, municipality, postal code, telephone & fax numbers and e-mail address (if any). | | | |
| Date of order | | | Birth date (d, m, y): | | | | | | | | | | |  | | | |
| Sex: | | | | | | | | | | |
| The court heard an application of*(name of person or persons)* | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| The following persons were in court (names of parties and lawyers in court) | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| The court received evidence and heard submissions on behalf of *(name or names)* | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| **THIS COURT ORDERS THAT:** | | | | | | | | | | | | | | | | | | | | |
|  | (child’s full legal name) | | | | | |  | | | | | | | | | | | | | |
|  | be committed to the secure treatment program at *(name and address of program)* | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | |
|  | for a period of | | |  | | | | | | | days, beginning on *(date)* | | | |  | | | | | |
|  | the commitment of *(child’s full legal name)* | | | | | | | | | | | |  | | | | | | | |
|  | to the secure treatment program at *(name and address of program)* | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | |
|  | be extended for a period of | | | | | | | |  | | | | | days, beginning on *(date)* | | | |  | | |
|  | this application for an order | | | | | | | | |  | | of commitment | | | | | | | | |
|  |  | | | | | | | | |  | | extending the commitment | | | | | | | | |
|  | of *(child’s full legal name)* | | | | | | |  | | | | | | | | | | | | |
|  | to the secure treatment program at *(name and address of program)* | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | |
|  | be dismissed. | | | | | | | | | | | | | | | | | | | |
|  | *(Other; specify.)* | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | |

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| Form 25B: | | Secure Treatment Order | | (page 2) | | Court File Number | |
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|  | | | | | | | |
| Put a line through any blank space left on this page. If additional space is needed, extra sheets may be attached. | | | | | | | |
|  | | |  | |  | | |
| Date of signature | | | Signature of judge or clerk of the court | | |
| **NOTE TO ADMINISTRATOR OF SECURE TREATMENT PROGRAM:** Subsection 165(3) of the *Child, Youth and Family Services Act, 2017* states: | | | | | | | |
|  | In the calculation of a child’s period of commitment, time spent in the secure treatment program before an order has been made under section 164 (commitment) or pending an application under section 167 (extension) shall be counted. | | | | | |  |
| **NOTE FURTHER** that section 172 of the *Child, Youth and Family Services Act, 2017* authorizes a peace officer to take a child to a place where there is a secure treatment program if an order for the child’s commitment to the secure treatment program has been made under section 164. | | | | | | | |