|  |
| --- |
| 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 |