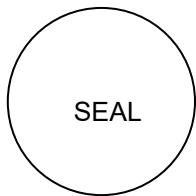


ONTARIO

Court File Number



SEAL

.....
 at
 (Name of court)
 Court office address

**Form 8C: Application for
Secure Treatment
Extension of Secure
Treatment**
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).

Respondent(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).

Birth date (d, m, y):

Sex:

TO THE RESPONDENT(S) AND CHILD:

A COURT CASE HAS BEEN STARTED IN THIS COURT. THE DETAILS ARE SET OUT ON THE ATTACHED PAGES.

THE FIRST COURT DATE IS (date)

AT

a.m. p.m.

or as soon as possible after that time, at (address)

Check applicable box.

1. I/We am/are the child's parent(s). (Attach the consent of the parent(s) in Form 33F. If the child is 16 or 17 years old, the child's consent – Form 33E – must also be attached. In an application to extend treatment, the consent of the program administrator in Form 33F must also be attached. If the "child" is 18 or more years old, the "child's" consent to extend treatment in Form 33F must also be attached.)

I am an authorized officer of the applicant children's aid society that has custody of the child under an order made under Part V of the *Child, Youth and Family Services Act, 2017*. (Attach the officer's consent in Form 33F. If the child is 16 or 17 years old, the child's consent – Form 33E – must also be attached. In an application to extend treatment, the administrator's consent in Form 33F must also be attached.)

I am a person (other than an administrator of the secure treatment program) who is caring for the child. (To be used only where the child is less than 16 years of age. A consent of the child's parent – Form 33F – must be attached. In an application to extend treatment, the administrator's consent in Form 33F must also be attached.)

I am the child in this case and I am 16 or 17 years old. (The child's consent – Form 33E – must be attached. In an application to extend treatment, the administrator's consent in Form 33F must also be attached.)

I am the person who has been committed to the secure treatment program in this case and I am 18 or more years old. (To be used only in an application to extend treatment. Attach the consent of the program administrator on Form 33F.)

I am a physician qualified under the law of Ontario to practise medicine. (To be used in an application for secure treatment only where the child is 16 years of age or more. A physician can apply to extend treatment, but only if the "child" is 18 or more years of age and only if separate consents in Form 33F, both from the administrator of the program and from the "child" are attached.)

I am the person in charge of the secure treatment program. (To be used only in an application to extend secure treatment. Attach two consents in Form 33F – one from the administrator and the second from the child's parent or, if the child is in the care of a children's aid society, the society's consent. If the "child" is now 18 or more years old, the second consent in Form 33F must come from the "child".)

Use this frame only in an application for commitment to a secure treatment program.

In addition to paragraphs (a), (b) and (c) above, all three paragraphs below – (d) and (e) and (f) – must ALSO be true.

- d) the child has, as a result of the mental disorder, within 45 days immediately before,

*Check only
one of these
three boxes*

- the date of this application for commitment to secure treatment,
the child's detention or custody under the federal *Youth Criminal Justice Act* or Ontario's *Provincial Offences Act*,
the child's admission as an involuntary patient to a psychiatric facility under the *Mental Health Act*,

caused or attempted to cause serious bodily harm to himself/herself or to another person:

- e) the child has:

{

within the 12 months immediately before this application for secure treatment on an occasion different from the one mentioned in clause (b) above caused or attempted to cause or by words or conduct, made a substantial threat to cause serious bodily harm to himself/herself or to another person, OR

caused or attempted to cause a person's death when causing or attempting to cause serious bodily harm to himself/herself or to another person; and

f) treatment appropriate for the child's mental disorder is available at the program named in paragraph 2 above.

Use this frame only in an application to extend the period of commitment to a secure treatment program.

In addition to paragraphs (a), (b) and (c) above, both paragraphs below – (d) and (e) – must ALSO be true.

- d) the child is receiving,
 - the treatment proposed when this court originally ordered commitment to the secure treatment program
 - other appropriate treatment; and
 - e) there is an appropriate plan for the child's care on release from the secure treatment program.

- 4.** The following is a brief statement of the facts upon which this application is based. (Set out the facts in numbered paragraphs with reference to the items in paragraph 3. If you need more space, you may attach a page, but you must date and sign each additional page.)

Put a line through any blank space left on this page.

Signature

Date of Signature

Signature

Date of Signature