

ONTARIO

Court File Number

(Name of court)

at
Court office address**Form 33F: Consent to
Secure Treatment
(person other than child)****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*