

(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:

Birthdate:

Sex:

Lawyer's name & address — street & number, municipality, postal code, telephone & fax numbers and e-mail address (if any).

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 of Children and Youth Services for 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