|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ONTARIO | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |  | Court File Number |
| (Name of court) | | | | | | | | | | | | | | | | Form 33: Information for Warrant to Bring a Child to a Place of Safety |
| **at** | | |  | | | | | | | | | | | | |
|  | | | Court office address | | | | | | | | | | | | |
| **My name is** *(full legal name)* | | | | | | |  | | | | | | | | | | |
| **I live in** *(municipality & province)* | | | | | | | | |  | | | | | | | | |
| **and I that the following is true:** | | | | | | | | | | | | | | | | | |
| **1.** | | I am | | |  | a child protection worker employed by *(full legal name of children’s aid society)* | | | | | | | | | | | |
|  | | | | | |  | | | | | | | | | | | |
|  | | | | |  | (Give occupation or title.) | | | | | |  | | | | | |
|  | | | | | | a peace officer in the province of Ontario, employed in *(name of office out of which you work)* | | | | | | | | | | | |
|  | | | | | |  | | | | | | | | | | | |
| **2.** | | I have reasonable and probable grounds to believe and do believe that *(child’s full legal name)* | | | | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | | | | |
|  | | is younger than 16 and is a child in need of protection for the following reasons: *(Set out grounds for belief.)* | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | |
| **3.** | | I have reasonable and probable grounds to believe and do believe that a course of action less restrictive than the child’s removal to a place of safety is not available or will not adequately protect the child, for the following reasons: | | | | | | | | | | | | | | | |
|  | | (Set out grounds for belief.) | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | |
| Strike out paragraph 4 if not applicable. | | | | | | | | | | | | | | | | | |
| **4.** | | I have reasonable and probable grounds to believe that the child may be found at | | | | | | | | | | | | | | | |
|  | | (Give full municipal address or a precise description of the premises where the child may be located.) | | | | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | | | | |
| Put a line through any blank space left on this page. | | | | | | | | | | | | | | | | | |
| before me at | | | | | | | | |  | | | | |  |  |  | | | |
|  | | | | | | | | | municipality | | | | |  |  |  | | | |
| in | |  | | | | | | | | | | | |  |  |  | | | |
|  | | province, state, or country | | | | | | | | | | | |  |  |  | | | |
| on | | | | |  | | | | | |  |  | |  |  | Signature  (This form is to be signed in front of a lawyer, justice of the peace, notary public or commissioner for taking affidavits.) | | | |
|  | | | | | date | | | | | |  | *Commissioner for taking affidavits (Type or print name below if signature is illegible.)* | |  |  |