

Court File Number

(Name of Court)

Form 33E: Child's Consent to Secure Treatment

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).

- 1. My name is (child's full legal name)
2. I know that the applicant(s) is/are asking the court to make an order
3. I know that I have a right to be in court when this case is heard by the judge, but I agree not to come to court and to let the court make whatever order needs to be made without me.
4. I have talked with a lawyer (a) who has explained these things to me, and (b) who has explained what it means for me to sign this consent, and (c) who is going to witness my signature of this form.

signature of child

Date of signature

signature of lawyer

NOTE: This consent must be witnessed by an independent lawyer who is to provide an affidavit of independent legal advice on page 2 of this form. NOTE: A consent to dispense with oral evidence is not effective for more than 180 days after the court's order.

AFFIDAVIT OF EXECUTION AND INDEPENDENT LEGAL ADVICE

My name is *(full legal name)* _____

and I swear/affirm that the following is true:

1. I am a member of the Bar of *(name of jurisdiction)* _____
and am not acting for any other person in this secure treatment case.

2. I explained to *(child's full legal name)* _____

- the nature and effect of secure treatment;
 - an extension of secure treatment;
 - release from secure treatment;
 - the consequences of not attending the hearing; and
 - the consequences of a hearing where a court proceeds without hearing oral evidence;
- in language appropriate to his/her age to the best of my knowledge and skills.

3. After my explanation, the child told me that he/she wanted to sign this consent.

4. I was present at and witnessed the signing of this consent by the child.

Sworn/Affirmed before me at _____
municipality

in _____
province, state or country

on _____
date

Commissioner for taking affidavits
(Type or print name below if signature is illegible.)

Signature
(This form is to be signed in front of a lawyer, justice of the peace, notary public or commissioner for taking affidavits.)