

Child and Family Services Act

APPLICATION FOR REVIEW OF EMERGENCY ADMISSION TO SECURE TREATMENT PROGRAM

TO: CHAIR OF THE CHILD AND FAMILY SERVICES REVIEW BOARD

Child

(Full name) (birth date (d. m, y)) (sex)

Lawyer

(name, address and telephone number)

Applicant

(full name)

Address for service (street and number, municipality, postal code)

Lawyer

(name, address and telephone number)

I am the child. I was admitted on an emergency basis to

(name and address of secure treatment program)

on (date)

I am (give name and address and relationship or connection, if any, with the child)

The child was admitted on an emergency basis to

(name and address of secure treatment program)

on (date)

I ask for an order under Part VI of the Child and Family Services Act releasing the child from the secure treatment program.

The grounds for this application are as follows. (State briefly main facts relied on with specific reference to the criteria for emergency admission in subsection 124 (2) or (3) of the Act and any consents that were required and not given. Use additional pages as required.)

(Date) (Place) (Signature of applicant)