



Language Preference

The CFSRB offers services in both French and English.

What is your preferred language? French English

If you are the Respondent and want French Language Services, complete the [Request for French Language Services](#) and send it by email or mail to the CFSRB at CFSRB@ontario.ca.

About this Form

Use this Application form to ask for a review of an admission to an emergency secure treatment program of up to 30 days.

You can file this Application if:

1. you are a child admitted to an emergency secure treatment program
2. you know a child admitted to an emergency secure treatment program

This Application is made under section 171 of the [Child, Youth and Family Services Act, 2017](#).

Instructions

1. Complete all sections of the form.
2. Sign and date the form.
3. Deliver the form:

By Email: CFSRB@ontario.ca

By Fax: 416-327-0558

By Courier: Tribunals Ontario
Child and Family Services Review Board
15 Grosvenor Street, Ground Floor
Toronto, ON M7A 2G6

4. At the same time, deliver the Application to the secure treatment facility by email, fax or courier.

For more information, call 416-327-0111 or toll-free 1-888-777-3616.



1. Applicant Information

Last Name		First Name	
Address (Number and Street)			Suite/Unit/Apt.
City/Town		Province	Postal Code
Telephone	Fax	Email *	

I am the child.

Name of Secure Treatment Program		Date of Admission (yyyy/mm/dd)	
Address		City/Town	Province Postal Code

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

Last Name		First Name	
Address		City/Town	Province Postal Code
Email *		Relationship/Connection (if any) with the child	

2. Representative Information

Complete this section only if you are authorizing a lawyer or another representative to act for you. If you have a representative, the CFSRB will communicate with your representative. Review the [Practice Direction on Representation](#).

I authorize the named person and/or organization to represent me.

My representative is:

A lawyer Law Society # _____ A paralegal Law Society # _____
 Other (Please describe. For example, mother, father, friend) _____

Last Name		First Name		Organization (if applicable)	
Address (Number and Street)			Suite/Unit/Apt.		
City/Town		Province	Postal Code		
Telephone	Fax	Email *			

* Providing your email address means you agree the CFSRB can email you instead of using mail or fax.

3. Use the space below to explain why you are asking for an order for release from the secure treatment program. Make specific reference to the following criteria for emergency admission:

- a. The child has a mental disorder.
 - b. The child has, as a result of the mental disorder, caused, attempted to cause or by words or conduct made a substantial threat to cause serious bodily harm to himself, herself or another person.
 - c. The secure treatment program would be effective to prevent the child from causing or attempting to cause serious bodily harm to himself, herself or another person.
 - d. Treatment appropriate for the child's mental disorder is available at the place of secure treatment to which the application relates.
 - e. No less restrictive method of providing treatment appropriate for the child's mental disorder is appropriate in the circumstances.
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4. Accessibility and Accommodation

Tell us if you need any of the following at the hearing:

- Interpreter No Yes
Language _____ Dialect _____
- Sign Language Interpreter No Yes
- Wheelchair Access No Yes
- Other (*Please specify*) _____

For more information on accessibility and accommodation, visit our [website](#).

5. Applicant Signature

Signature

Date (yyyy/mm/dd)

Please check this box if you are filing your Application electronically. This represents your signature. You must fill out the date above.

Notice Regarding the Collection of Personal Information

The Child and Family Services Review Board (CFSRB) collects the personal information requested on this form for the purpose of conducting a review under section 171 of the [Child, Youth and Family Services Act, 2017](#). It will be shared with the parties to the Application. Copies of all documents filed with the CFSRB which relate to the Application will also be shared with the parties to the Application.

The CFSRB posts a redacted version of its decisions on the website of the Canadian Legal Information Institute (www.canlii.org).