ONTARIO

Court File Number

(Name of Court)

at _____
Court office address

Form 33E: Child's Consent to Secure Treatment

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

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

☐ to send me to and maybe have me locked up for my own protection at _____

☐ to keep me for a longer time and maybe keep me locked up for my own protection at _____

☐ to get me released from
(name and address of program) _____

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.

☐ the court usually needs to hear witnesses before it can make an order in this case, but I agree that the court can make the order without having to hear witnesses in person and can reach its decision on evidence found in the reports and other documents that the applicant(s) can show to the judge.

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

_____
signature of lawyer

_____
Date of signature

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.

Court File Number

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.)