

Application for Review of Emergency Admission to Secure Treatment Program (ESTA) FORM 5

Disponible en français

Language Preference							
The CFSRB offers services in both French and English.							
What is your preferred language?							
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							

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

30 days.

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

By Email: <u>CFSRB@ontario.ca</u>

By Fax: 416-327-0558

By Courier: Tribunals Ontario

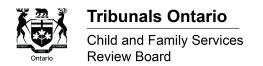
Child and Family Services Review Board 15 Grosvenor Street, Ground Floor

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.

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1. Applicant Information	1								
Last Name			Fii	First Name					
Address (Number and Street)							Suite/U	nit/Apt.	
City/Town					Province			Postal Code	
Telephone	Fax		Email '	ail *					
I am the child.									
Name of Secure Treatment Program				Date of Admission (yyyy/mm/dd)					
Address				City/To	Fown		Provinc	e Postal Code	
☐ I am (give name, a Last Name	ddress a	nd relationship/c		tion (if ar		n the child).			
Address				City/To	City/Town		Provinc	e Postal Code	
Email *				Relatio	Relationship/Connection (if any) with the child				
2. Representative Inform	nation								
Complete this section only representative, the CFSRI Representation.	•	•	•		•		•	•	
☐ I authorize the name	ed persor	n and/or organizat	ion to re	epresent	me.				
My representative is:									
A lawyer Law So	ciety#_		□ A	paralega	l Lav	v Society#_			
Other (Please descri	be. For ex	ample, mother, fathe	er, friend	d)					
Last Name	Last Name First Name				Organization (if applicable)				
Address (Number and Street)					Suite/Unit/Apt.				
City/Town						Province	P	ostal Code	
Telephone Fax Emai			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 fill fill out the date above.	ng your App	olication elec	tronically.	This represents your signature. You must						

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 <u>Child, Youth and Family Services Act, 2017</u>. 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).

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