



File Number: _____

NOTICE OF WITHDRAWAL

B E T W E E N :

Applicant

AND

Respondent

I, _____ (name of applicant)
 withdraw my application for review of emergency admission to the secure treatment program
 filed on _____ (date).

I have received legal advice about the withdrawal of my application.

I understand that I am allowed to make a new application for review.

I understand that I may contact the Office of the Children's Lawyer at: 416-314-8000.

 Signature of applicant

 Date

Instructions

1. Please complete all fields as specified.
2. Sign and date the form.
3. Fax, email or deliver the form to:

Child and Family Services Review Board
 15 Grosvenor St, Ground Floor
 Toronto, ON M7A 2G6

Fax: 416-327-0558

Email: CFSRB@ontario.ca