Ontario

Ministry of Health
and Long-Term Care

Application to the Board to Review the Status of an Informal Patient who is a Child between 12 and 15 Years of Age under Subsection 13(1) of the Act

Form 25
Mental Health Act
Consent and Capacity Board

Part I This section must be completed by all applicants

My name is

(print full name of patient)

I am between 12 and 15 years old.

(date of birth, if known)

(home address)

I am an informal patient at

(name of psychiatric facility)

I have not applied for a review of my informal status during the last three months.

I apply to the Board for a hearing to determine whether I need observation, care and treatment in this psychiatric facility.

(date) (signature of applicant)

Part II This information is not required but will assist us in scheduling the hearing
(*provide only information where known*)

Please provide the name, telephone and fax numbers and any other information that will assist us in contacting the patient's attending physician:

( ) ( )

(name) (telephone no.) (fax no.)

Name, telephone and fax numbers of a hospital official who may assist in arranging the hearing:

( ) ( )

(name) (telephone no.) (fax no.)

Name, telephone and fax numbers of a lawyer or agent:

( ) ( )

(name) (telephone no.) (fax no.)

Name, telephone and fax numbers of a lawyer or agent for the patient's attending physician:

( ) ( )

(name) (telephone no.) (fax no.)

Fax completed form to the Board at 1 866 777-7273 or send by email to: ccb@ontario.ca.
For assistance call: 1 866 777-7391
TTY/TDD: 1 877 301-0TTY(0889).

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