Ontario Ministry of Health and Long-Term Care

Application to Board to Review Community Treatment Order (s.39.1(1) and Notice to Board by Physician of Need to Schedule Mandatory Review of Community Treatment Order (s.39.1(4))

Form 48
Mental Health Act

Part 1 – To be Completed by the Person Subject to a Community Treatment Order or Another Person on his or her Behalf

My name is:

My home address is:

My telephone number is: ( )

My lawyer's or agent's name (if any) is:

My lawyer's or agent's address is:

My lawyer's or agent's telephone number is: ( )

I apply to the Board for a review of a community treatment order issued or renewed under section 33.1(4) for:

(myself) or (name of person on community treatment order)

The community treatment order was issued or renewed on

(date) (year / month / day)

and has been renewed *(to be best of my knowledge)* times.

Name of physician who issued or renewed the community treatment order:

(name)

Address of physician who issued or renewed the community treatment order:

(address)

Telephone number of physician who issued or renewed the community treatment order: ( )

(signature) (date) (year / month / day)

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Part 2 – To be Completed by the Physician

This section must be completed every time a community treatment order is renewed for the second time and on the occasion of every second renewal thereafter.

Name of physician:

Name of psychiatric facility (if applicable):

Telephone number where physician can be reached: ( )

Fax number of physician: ( )

Lawyer or agent for physician (if applicable):

Telephone number where lawyer or agent for physician can be reached (if applicable): ( )

Name of person subject to community treatment order:

Address of person:

Telephone number where person can be reached: ( )

Fax number of person (if applicable): ( )

Name of person's lawyer or agent (if known):

Telephone number of person's lawyer or agent(if known): ( )

A second renewal (or second renewal thereafter) of the person's

community treatment order was made on the following date (date) (year / month / day)

To the best of my knowledge, the person or another person on his or her behalf has not applied for a review of his or her community treatment order.

(signature) (date) (year / month / day)

Fax completed application 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: 1-877-301-0889 (TTY)

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