Ontario

Ministry of Health
and Long-Term Care

Application to the Board for Section 41.1 Orders under Subsection 39(6) of the Act

Form 51

Mental Health Act

Consent and Capacity Board

Part I This section must be completed by all applicants

I, _____

(print full name of applicant)

apply to the Board for one or more of the following orders under section 41.1 in respect of

_____

(print full name of patient)

(Check all that apply. Details of request are not mandatory.)

☐ Transfer the patient to the following psychiatric facility if the patient does not object:

_____

(name of proposed receiving psychiatric facility)

☐ Place the patient on a leave of absence for a designated period on the advice of a physician:

_____

(details of request)

☐ Direct the officer in charge of the psychiatric facility to provide the patient with a different security level or different privileges within or outside the psychiatric facility:

_____

(details of request)

☐ Direct the officer in charge of the psychiatric facility to allow the patient to be provided with supervised or unsupervised access to the community:

_____

(details of request)

☐ Direct the officer in charge of the psychiatric facility to provide the patient with vocational, interpretation or rehabilitative services:

_____

(details of request)

_____ is detained under the authority of a Certificate of Continuation

(name of patient)

(*Form 4A*) and his/her most recent application to the Board for an order under s. 41.1 was made on

_____ .

(date of last application to Board for s. 41.1 orders)

If 12 months have not passed since the date of the patient's most recent application to the Board for orders under s. 41.1, explain material change in circumstances:

_____

_____

_____

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I confirm that

☐ I have completed a Form 16 application to the Board to review the above-named patient's involuntary status

dated _____ .
(date of Form 16 application)

or

☐ I have been advised that a Form 17 notice to the Board of the need to schedule a mandatory review of the above-named patient's involuntary status has been completed.

I am

☐ the patient named above,

or

☐ a person applying on the patient's behalf.

_____ _____
(Date) (signature of applicant)

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

If the applicant is someone other than the patient, please provide an address and telephone number:

_____ ( )
(address) (telephone no.)

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 for the patient:

_____ ( ) ( )
(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.)

If a transfer is requested, provide the name, telephone and fax numbers of the Officer in Charge of the proposed receiving psychiatric facility named in your application.

	( )	( )
(name of the Officer in Charge of the proposed receiving psychiatric facility)	(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).

Note:
Upon receiving an application under s. 39(6) for an order under s. 41.1, the Board shall promptly transmit the application to the Minister of Health and Long-Term Care and the Officer in Charge of the psychiatric facility named in the application. If transfer to another psychiatric facility is requested, the Board shall also promptly transmit the application to the Officer in Charge of the proposed receiving psychiatric facility named in the application.

An application under s. 39(6) for an order under s. 41.1 of the Act may be made after the completion of a first certificate of continuation and after the completion of a subsequent certificate of continuation if the application is submitted 12 months after the most recent application to the Board for an order under s. 41.1. The Board must be satisfied that there has been a material change in circumstances in order for an application to be heard by the Board at an earlier date.

Where the requirements for an eligible application are met, the Board will hear this application when it hears the patient's next application, made under s. 39(1) or s. 39(4), to review the patient's involuntary status. **A Form 16 or Form 17 application to review the patient's involuntary status must be completed and submitted to the Board along with this form.**