Ontario Ministry of Health

Warrant to Apprehend and Return a Child Who has Been Admitted to a Secure Treatment Program

Ontario Court (Provincial Division)	Court file no.

at

Unit No.	Street No.	Street Name	PO Box

City/Town	Province	Postal Code

To All Peace Officers in the Province of Ontario:

On the basis of an Information laid before me on oath under subsection 172 (2) of the *Child, Youth and Family Services Act, 2017*, I am satisfied that the child named or described on the back of this warrant, having been admitted to the secure treatment program at

Name and address of secure treatment program

Unit No.	Street No.	Street Name	PO Box

City/Town	Province	Postal Code

has left the facility in which that program is located without consent of the administrator of that program.

Check this box only if child's whereabouts are known

☐ I am further satisfied, on the basis of that Information, that the child may now be found at (Give a municipal address or a precise description of the premises where the child may be found.)

Unit No.	Street No.	Street Name	PO Box

City/Town	Province	Postal Code

I therefore authorize you to apprehend and return this child to the secure treatment program named above.

This warrant expires on the Day ____ day of Month ____ Year ____

Date (yyyy/mm/dd)	Signature of justice of the peace
City, town, etc. where this warrant signed	Print or type name of justice of the peace

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Insert all available information

Full Name of Child

Last Name	First Name	Middle Initial
Birth date (yyyy/mm/dd)	Aliases or nicknames	

Residential address

Unit No.	Street No.	Street Name	PO Box
City/Town	Province	Postal Code	Telephone No. (incl. area code)
Present location of child			Telephone No. (incl. area code)

Height	Weight	Hair colour	Hair style	Eye colour	Complexion

Other features

Name and address of person to be contacted for further information

Last Name	First Name	Middle Initial
Unit No. / Street No. / Street Name		PO Box
City/Town	Province / Postal Code	Telephone No. (incl. area code)

Information on this form is collected under the legal authority of the *Child, Youth and Family Services Act, 2017* for the purpose of administering Ministry of Health programs and/or services. For more information contact: Director, Mental Health and Addiction Programs Branch, 56 Wellesley St W., 9th Floor, Toronto ON, M5S 2S3 or call 416-327-7272.