

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

Ontario Court (Provincial Division)	Court file no.
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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
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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

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.