

ONTARIO

Court File Number

(Name of Court)

at

Court office address

Form 34J: Affidavit of Execution and Independent Legal Advice (Children's Lawyer), sworn/affirmed

My name is (full legal name)

and I swear/affirm that the following is true:

1. I am an authorized representative of the Office of the Children's Lawyer in the adoption of:

Full legal name of child	Date of birth (d, m, y) and sex

2. I explained to (minor parent's full legal name) about

- the nature and effect of adoption under the law of Ontario;
- the nature and effect of a consent to adoption;
- the right to counselling;
- his/her rights and the rights of other persons with respect to the disclosure of adoption information;
- the right upon request to be advised whether an adoption order has been made,

in language appropriate to his/her age to the best of my knowledge and skills.

- 3. I also explained that he/she could withdraw the consent within 21 days by a written notice. I gave him/her the address where the written notice would have to be served. I also explained that, after the 21 days had passed, he/she could withdraw the consent only with the court's permission but only if the child had not yet been placed with a person for adoption and if he/she could convince the court that it would be in the child's best interests to have the consent withdrawn.
- 4. After my explanation, he/she told me that he/she wanted to sign the consent to adoption and I believe that this reflects his/her true wishes.
- 5. I was present at and witnessed the signing of the consent.

Sworn/Affirmed before me at \_\_\_\_\_  
*municipality*

in \_\_\_\_\_  
*province, state, or country*

on \_\_\_\_\_  
*date*

\_\_\_\_\_  
*Commissioner for taking affidavits*  
*(Type or print name below if signature is illegible.)*

\_\_\_\_\_  
*Signature*  
*(This form is to be signed in front of a lawyer, justice of the peace, notary public or commissioner for taking affidavits.)*