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|  | | (Name of court) | | | | | | | | | | |  | |  | | |
| **at** | |  | | | | | | | | | | |  | | Children’s Aid Society  Report on Records | | |
|  | | Court office address | | | | | | | | | | |  | |  | | |
| **Court office fax no.** | | |  | | | | | | | | | |  | |  | | |
| Applicant(s) | | | | | | | | | | | | Respondent(s) | | | | | |
| Full legal name | | | | | | | | |  | | | Full legal name | | | | | |
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| PART A – Consent to Provide CAS Records | | | | | | | | | | | | | | | | | |
| You must complete this part if you asking the court for a decision-making responsibility order for a child and you are not the parent of the child. You are considered to be a parent if you are the biological or adoptive parent of the child, or if you are presumed to be, or have been declared to be a parent under the Children’s Law Reform Act. | | | | | | | | | | | | | | | | | |
| TO: *(name each children’s aid society that operates or has operated in the Ontario jurisdictions listed in paragraph 5 below)* | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
| **1.** | My full legal name is: | | | |  | | | | | | | | | | | |  |
| **2.** | My date of birth is: | | |  | | | | | |  | | | | | | | |
| **3.** | My current address is: | | | | |  | | | | | | | |  | | | |
|  |  | | | | | (Number and street name; apartment or unit number if any) | | | | | | | | (Town or city) | | | |
|  |  | | | | | |  |  | | | | | | | | | |
|  | (Province) | | | | | | (Postal code) |  | | | | | | | | | |
| **4.** | In addition to my current legal name, in my life I have used or been known by the following names: | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | |
| **5.** | Since I turned 18 or became a parent (whichever came first), I have lived in the following places: | | | | | | | | | | | | | | | | |
|  | **Name of town/city/municipality (and  province or country if outside of Ontario)** | | | | | | | | | | **Approximate date I started living in that location** | | | | | **Approximate date when I left that location** | |
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| Children’s Aid Society Report on Records | | | | | | (page 2) | | | | Court File Number | | |
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| **6.** | I give permission and authority to each of the above-named children’s aid societies to search its records and provide a report to me and to the court listed above indicating: | | | | | | | | | | | |
|  | i. | If your children’s aid society has any records containing files relating to me that are required under O. Reg. 24/10 to be included in the report; and | | | | | | | | | | |
|  | ii. | If so, the date(s) on which any included files were opened and closed and if there are any files still open. | | | | | | | | | | |
| **7.** | I direct each children’s aid society to send the report to me by: *(choose one)* | | | | | | | | | | | |
|  |  | Mailing the report to my address set out in paragraph 3 above; or | | | | | | | | | | |
|  |  | Faxing the report to me at the following fax number: | | | | |  | | | | ; or | |
|  |  | Mailing the report to me at the following address: | | |  | | | | | | | |
|  |  |  | | | (Number and street name; apartment or unit number if any) | | | | | | | |
|  |  |  |  | | | | | |  | | |  |
|  |  | (Town or city) | (Province) | | | | | | (Postal code) | | |  |
| **8.** | I authorize and direct you to fax the report to the court. | | | | | | | | | | | |
|  | | | |  | | | |  | | | | |
| Signature | | | |  | | | | Date | | | | |
|  | | | |  | | | | | | | | |
| Witness | | | |  | | | | | | | | |

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| ONTARIO | | | | | | | | | | | | | | | |
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| (Name of court) | | | | | | | | | | |  | | |
| **at** |  | | | | | | | | | | | Children’s Aid Society  Report on Records | | |
|  | Court office address | | | | | | | | | | |
| **Court office fax no.** | | | |  | | | | | | | |
| Applicant(s) | | | | | | | | | Respondent(s) | | | | | | |
| Full legal name | | | | | | | |  | Full legal name | | | | | | |
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| PART B – CAS Report on Records | | | | | | | | | | | | | | | |
| *This part to be completed by children’s aid society and returned to the court named on page 1 of this form and to the above-named person within 30 days of receipt.* | | | | | | | | | | | | | | | |
| I, *(name of employee)* | | |  | | | | | | | | | | | , am an employee of the | |
| *(name of children’s aid society)* | | | | |  | | | | | | | | | | . |
| I performed a search of the society’s records in relation to *(name of person who signed consent)* | | | | | | | | | | | | | | | |
|  | | | | | | and confirm that: | | | | | | | | | |
|  | | Our society does not have any records containing files required under O. Reg. 24/10 to be included in this report. | | | | | | | | | | | | | |
| **OR** | |  | | | | | | | | | | | | | |
|  | | Our society has records containing files required under O. Reg. 24/10 to be included in this report, and these records indicate that we opened and/or closed the following included files: | | | | | | | | | | | | | |
|  | | **Date file/record opened** | | | | | | | | **Date file/record closed (if applicable)** | | | | | |
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| Signature | | | | | | |  | | | | Date | | | | |
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