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| ONTARIO |
|  |  |  | Court File Number |
|  | (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 |
|       |  |       |
|  |
| 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 |
|  |  |  | Court File Number |
| (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 |
|       |       |
|  |
| 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)** |
|  |       |       |
|  |       |       |
|  |       |       |
|  |       |       |
|  |       |       |
|  |       |       |
|  |
|  |  |       |
| Signature |  | Date |
|       |  |  |
| Position |  |  |