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| ONTARIO | | | | | | | | | | | | | | |
| **TO:** *(local police force or service)* | | | | | | | | | | | | | Consent Form for Police Record Check for Non-Parent Applicants for Decision-Making Responsibility | |
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|  | | | | | | | | | | | | | | |
| **Last name** | | | | | | | | | **First name** | | | | | |
|  | | | | | | | | |  | | | | | |
| **Middle name(s)** (if any) | | | | | | | | | **Previous surnames or other names** (if any) | | | | | |
|  | | | | | | | | |  | | | | | |
| **Gender** | | | | | | **Place of birth** | | | | | | | | **Date of birth** (year/month/day) |
|  | | | | | |  | | | | | | | |  |
| **Home telephone number** | | |  | | | | | | | |  | **Email address** | | |
| **Cellular telephone number** | | | |  | | | | | | |  | | |
| **Business telephone number** | | | | |  | | | | | |
|  | | | | | | | | | | |  |  | | |
| **Current Address** (include full address - this is your mailing address) | | | | | | | | | **Any other addresses you have had in the past 5 years** (include approximate duration for each) | | | | | |
|  | | | | | | | | |  | | | | | |
| I am applying for a decision-making responsibility order for a child (or children) and am not the child’s parent. | | | | | | | | | | | | | | |
| In accordance with s. 21.1 of the *Children’s Law Reform Act* and O. Reg. 24/10, I hereby request that you prepare a police records check on me by searching the appropriate data banks, both national (Canadian Police Information Centre) and local, to which you have access, in order to disclose to me a written summary of any information regarding the following as may exist on the date of the search: | | | | | | | | | | | | | | |
| (a) | every criminal offence of which I have been convicted under the *Criminal Code*, the *Food and Drugs Act* or the *Controlled Drugs and Substances Act*, except an offence in respect of which a pardon has been issued or granted; | | | | | | | | | | | | | |
| (b) | every criminal offence under the *Criminal Code*, the *Food and Drugs Act* or the *Controlled Drugs and Substances Act* of which I have been found guilty and discharged, except an offence in respect of which the record has been purged; | | | | | | | | | | | | | |
| (c) | every offence under the *Criminal Code*, the *Food and Drugs Act* or the *Controlled Drugs and Substances Act* of which I have been found guilty and for which an adult sentence has been imposed under the Youth Criminal Justice Act, except an offence in respect of which a pardon has been issued or granted; | | | | | | | | | | | | | |
| (d) | every outstanding order made against me in respect of a criminal matter, including a probation order, prohibition order or warrant; | | | | | | | | | | | | | |
| (e) | every outstanding restraining order made against me; | | | | | | | | | | | | | |
| (f) | every outstanding criminal charge against me; | | | | | | | | | | | | | |
| (g) | every criminal charge against me that | | | | | | | | | | | | | |
|  | (i) | resulted in a finding of not criminally responsible on account of mental disorder, | | | | | | | | | | | | |
|  | (ii) | resulted in a stay of proceedings, | | | | | | | | | | | | |
|  | (iii) | was dismissed by the court, or | | | | | | | | | | | | |
|  | (iv) | was withdrawn by the Crown; | | | | | | | | | | | | |
| (h) | every contact between me and a police force or service for which the police force or service has a written record, unless one of the exceptions in s. 1(3) of O. Reg. 24/10 apply; and | | | | | | | | | | | | | |
| (i) | every contact between me and a police force or service in relation to actions taken against me under the *Mental Health Act* because of a determination under that Act that I was suffering or apparently suffering from a mental disorder of a nature or quality that would likely result in serious bodily harm to myself or to another person or in serious physical impairment of myself. | | | | | | | | | | | | | |
| I understand that the search will be conducted based on the information I provided above, as well as the accompanying proof of identification, and I certify this information to be true. I am aware that positive identification can only be confirmed through the submission of fingerprints. | | | | | | | | | | | | | | |
|  | | | | | | | |  | |  | | | | |
| Date | | | | | | | |  | | Signature of Applicant | | | | |
| Questions concerning this collection of personal information should be directed to | | | | | | | | | | | | | | |
|  | | | | | | |  | | | | | | | |
| (Information Clerk, Police Service) | | | | | | | (address, phone number) | | | | | | | |