

Court File Number

(Name of court)

at Court office address

Children's Aid Society Report on Records

Court office fax no.

Applicant(s)

Full Legal Name

Text box for Applicant(s) Full Legal Name

Respondent(s)

Full Legal Name

Text box for Respondent(s) Full Legal Name

PART A – Consent to Provide CAS Records

You must complete this part if you are asking the court for custody of 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)

Five horizontal lines for listing children's aid societies.

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/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:

Three horizontal lines for listing other names used.

5. Since I turned 18 or became a parent (whichever came first), I have lived in the following places:

Table with 3 columns: 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. Includes 5 empty rows.

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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

Court file number

(Name of Court)

at Court office address

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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:

Table with 2 columns: Date file/record opened, Date file/record closed (if applicable)

Signature

Date

Position