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| ONTARIO |
|  |  | Court File Number      |
| (Name of court) | Form 33B.2: Answer (*Child, Youth and Family Services Act, 2017* Cases other than Child Protection and Status Review)  |
| **at** |       |
|  | Court office address |
| Applicant(s) |
| Full legal name & address for service — street & number, municipality, postal code, telephone & fax numbers and e-mail address (if any). |  | Lawyer’s name & address — street & number, municipality, postal code, telephone & fax numbers and e-mail address (if any). |
|       |  |       |
|  |
| Respondent(s) |
| Full legal name & address for service — street & number, municipality, postal code, telephone & fax numbers and e-mail address (if any). |  | Lawyer’s name & address — street & number, municipality, postal code, telephone & fax numbers and e-mail address (if any). |
|       |  |       |
|  |
| Children’s Lawyer |
| Name & address for service for Children’s Lawyer’s agent - street & number, municipality, postal code, telephone & fax numbers and e‑mail address (if any) and name of person represented. |
|       |
| **TO THE APPLICANT(S):** |
| (Note to the respondent(s): If you are making a claim against someone who is not an applicant, insert the person’s name and address here.) |
| **AND TO:** (full legal name) |       | **, an added respondent,** |
| **of** (address for service of added party) |
|       |
| (Note to the respondent(s): You must complete, serve, file and update this form if any significant changes regarding the child(ren)occur after you sign this form.) |
| I am/We are (full legal name(s)) |       |
| and I am/we are (state your relationship to the child(ren)) |
|       |

| Form 33B.2: | Answer (*Child, Youth and Family Services Act, 2017* Cases other than Child Protection and Status Review) | (page 2) | Court File Number  |
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|  |  |
| X |
| **1.** | The child(ren) in this case is/are: |
| **Child’s Full Legal Name** | **Birthdate** | **Age** | **Sex** | **Full Legal Name(s) of Parent(s)** | **Is the Child First Nations, Inuk, or Métis?** | **Child’s Bands and First Nations, Inuit, or Métis Communities** |
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| **2.** | [ ]  | I/We agree with the following facts in the application (Form 8B.2 or 34L). (Refer to the numbered paragraph(s) in the application.) |
|  |       |
|  | [ ]  | I/We disagree with the following facts in the application (Form 8B.2 or 34L). *(Refer to the numbered paragraph(s) in the application.)* |
|  |       |
| (Attach an additional page and number it if you need more space.) |

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| Form 33B.2: | Answer (*Child, Youth and Family Services Act, 2017* Cases other than Child Protection and Status Review) | (page 4) | Court File Number  |
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| **3.** | Do you agree that the court should make the order requested? |
|  | [ ]  | Yes | [ ]  | No |
|  | Give reasons: |
|  |       |
| (Attach an additional page and number it if you need more space.) |

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| Form 33B.2: | Answer (*Child, Youth and Family Services Act, 2017* Cases other than Child Protection and Status Review) | (page 5) | Court File Number  |
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|  | **IMPORTANT FACTS SUPPORTING MY/OUR POSITION** |
|  | (In numbered paragraphs, set out the facts that form the legal basis for your position. Attach an additional page and number it if you need more space.) |
|  |       |
| Put a line through any blank space left on this page.  |
|       |  |  |
| Date of signature | Signature  |
|       |  |  |
| Date of signature | Signature  |