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| ONTARIO | | | | | | | | | | | | | |
|  | | | | | | | | | |  | Court File Number | | |
| (Name of court) | | | | | | | | | |  | | |
| **at** |  | | | | | | | | | Form 34M: Consent to Openness Order under s. 194 of the *Child, Youth and  Family Services Act, 2017* | | |
|  | Court office address | | | | | | | | |
| Applicant (In all cases, the applicant will be a children’s aid society.) | | | | | | | | | | | | | |
| 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) *(Persons entitled to notice.)* | | | | | | | | | | | | | |
| 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 of Children’s Lawyer’s agent for service (street & number, municipality, postal code, telephone & fax numbers and e‑mail address (if any)) and name of person represented. | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| **THE CHILD** | | | | | | | | | | | | | |
| **Child's Full Legal Name** | | | | **Birthdate** | | | | **Sex** | **Is the child First Nations, Inuit, or Métis?** | | | | **Child’s Bands or First Nations, Inuit, or Métis Communities** |
|  | | | |  | | | |  |  | | | |  |
| **Extended Society Care Order:** | | | | | | | | | | | | | |
| **Court File Number** | | | **Court Office Address** | | **Name of Judge** | | | | | | | **Date of Order** | |
|  | | |  | |  | | | | | | |  | |
| **Details of Order** | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| The parties and the child, if the child is 12 years of age or older, agree to the following: | | | | | | | | | | | | | |
| 1. | | The openness order will permit the continuation of a relationship with a person that is beneficial and meaningful to the child for the following reasons: | | | | | | | | | | | |
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| Form 34M: | | Consent to Openness Order under s. 194 of the *Child, Youth and Family Services Act, 2017* | | | (page 2) | | | Court File Number |
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| **2.** | The openness order is in the best interests of the child for the following reasons: | | | | | | | |
|  |  | | | | | | | |
| **3.** | For the reasons set out above, we ask the court to make the following order*: (Provide details of openness order.)* | | | | | | | |
|  |  | | | | | | | |
| Applicant's name and position within the children's aid society: | | | | | | | | |
|  | | | | | | | | |
|  | | |  |  | |  |  | |
| Date | | |  | Applicant's signature | |  | Witness' signature | |
| Signature of person who will be permitted to communicate with or have a relationship with the child if order is made: | | | | | | | | |
|  | | |  |  | |  |  | |
| Date | | |  | Respondent's signature | |  | Witness' signature | |
| Signature of person with whom the children's aid society has placed or intends to place the child for adoption: | | | | | | | | |
|  | | |  |  | |  |  | |
| Date | | |  | Respondent's signature | |  | Witness' signature | |
| If applicable, children's aid society that will supervise or participate in the arrangement under the openness order: | | | | | | | | |
|  | | |  |  | |  |  | |
| Date | | |  | Respondent's signature | |  | Witness' signature | |

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| Form 34M: | Consent to Openness Order under s. 194 of the *Child, Youth and Family Services Act, 2017* | | | (page 3) | | | Court File Number |
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|  | | | | | | | |
| **CHILD'S CONSENT** | | | | | | | |
| If child is 12 years of age or older: | | | | | | | |
|  | |  |  | |  |  | |
| Date | |  | Child's signature | |  | Witness' signature | |