

Please read this page carefully before you fill out the form.

1. Only complete this intake form if a judge has made an order asking the Children's Lawyer to become involved in your custody and access case.
2. If you want to receive services in French, check off the box in Section 1.
3. Send the completed form **and** signed consents to the Office of the Children's Lawyer within **14 days** of the court order requesting that the Children's Lawyer become involved.
4. Please make sure that you:
 - a. Answer all of the questions in the form;
 - b. Sign and date the form where asked; and
 - c. Complete, sign and date the consents to release of information at the end of the form.
5. You can either **fax** the forms to (416) 314-8050 or **mail** them to:
The Office of the Children's Lawyer
c/o MGS Mail Delivery Services
2B-88 Macdonald Block
77 Wellesley Street West
Toronto ON M7A 1N3
6. If you have a lawyer, ask him or her to help you complete this form.
7. Please note that **you** must sign the form. Your lawyer cannot sign the form for you.
8. Please try to explain your concerns in the space provided. We do not need lots of details.
9. If you are completing the form by hand, please print clearly and use black or blue ink.
10. Review the checklist at the end of the form and make sure you attach all of the necessary documents.
11. Please do NOT attach affidavits or court pleadings with your intake form.
12. Keep a copy of the completed form and fax confirmation for your records.
13. Please give us time to process your application. We receive many applications and process them in the order they arrive in our office. We appreciate your patience.
14. If you have additional information that you would like added to your intake form, please send it to us in writing. Make sure you include your name, the names of any other parties and the court file number.
15. We will contact you, or your lawyer (if you have one), as soon as we make a decision about your case.

16. If we accept your case, the Office of the Children's lawyer will assign:
 - a. a lawyer to represent your child or children; or
 - b. a clinician to meet with your family; or
 - c. in some cases both a lawyer and clinician.
17. We will be able to make a decision faster if your information is complete.

Note about the Consents

18. The Office of the Children's Lawyer will only use the consents to ask for records from a police service if we agree to accept your case.
19. The Office of the Children's Lawyer will ask any children's aid societies to answer the five questions in the top half of the CAS consent. If your case is accepted, the Office of the Children's Lawyer may use the consent to ask for more detailed information from the CAS, including asking for their records.
20. It is important that you send these signed consents along with your intake form so that we can:
 - a. decide if we can help you; and
 - b. start gathering information as soon as possible.
21. If you have any questions, visit our website at <http://www.attorneygeneral.jus.gov.on.ca/english/family/ocl/> or call (416) 314-8000.

The information you provide in this form is subject to the Ontario Government's *Freedom of Information and Protection of Privacy Act*. The Children's Lawyer will use the information to decide whether or not to become involved in your case and to help provide professional services for the child(ren). The information you provide in this form is not confidential, but the Children's Lawyer will not provide a copy to the other party unless the Court orders her to. If you have any questions relating to freedom of information, you can contact the Office of the Children's Lawyer at (416) 314-8000 and ask to speak to the Freedom of Information and Protection of Privacy Counsel.

Section 3: Tell us about the children

a. The number of children involved in the custody/access case before the court is _____

b. The children's names and dates of birth:

| | | | |
|-------|-----------------------------|-------|--------------------------------|
| _____ | Name (First and Last Names) | _____ | Date of birth (Year/Month/Day) |
| _____ | Name (First and Last Names) | _____ | Date of birth (Year/Month/Day) |
| _____ | Name (First and Last Names) | _____ | Date of birth (Year/Month/Day) |
| _____ | Name (First and Last Names) | _____ | Date of birth (Year/Month/Day) |
| _____ | Name (First and Last Names) | _____ | Date of birth (Year/Month/Day) |

c. The children go to school and/or daycare at:

| | | | |
|-------|------------------|-------|----------------------------------|
| _____ | Children's Names | _____ | Name of School/Day Care Provider |
| _____ | Children's Names | _____ | Name of School/Day Care Provider |
| _____ | Children's Names | _____ | Name of School/Day Care Provider |
| _____ | Children's Names | _____ | Name of School/Day Care Provider |

d. Are any of the children members of a First Nation?

Yes No

If yes, tell us the name of the First Nation, band or native community: _____

e. Do any of the children have any special emotional, psychological, educational or physical needs?

Yes No I don't know

If yes, give details such as which child, what type of problems he or she has and the help they are getting, if any.

Are you able to meet the child's needs?

Yes No

If yes, how are you able to meet the child's needs? _____

Are there any problems with the other party/parties being able to meet the child's needs?

Yes No Give details: _____

Section 4: Previous involvement of the Children's Lawyer or other assessors

1. Have you, any other party or the children ever been involved with the Office of the Children's Lawyer?
 Yes No
If yes,
 - a. When? _____
 - b. Did the Office of the Children's Lawyer provide
 a clinical investigator? a lawyer? both?
 - c. Who was it? _____

2. Has a social worker, psychologist or psychiatrist been involved with your family to help with or make recommendations about parenting or custody and access issues?
 Yes No
If yes,
 - a. Who was it? _____
 - b. When was this person involved? _____
 - c. Did they provide a report?
 Yes No **If yes, attach a copy of the report.**

Section 5: Tell us about ways you have tried to resolve your issues

1. Yes No Have you been to a mandatory information program?
2. Yes No Have you and the other party tried mediation?
3. Yes No Are you interested in exploring mediation?
4. Yes No Have you been told by a mediator that your case is not appropriate for mediation?
If yes, why? _____

5. Yes No If you have tried mediation, were you able to resolve any of the issues?
6. How have you tried to reach an agreement? _____

Section 6: Tell us about your relationship with the other party

1. You married lived together, but did not marry never lived together
 other (*please specify*): _____
2. When did you begin your relationship? _____
3. When did you separate? _____
4. You and the other party are divorced separated
 other (*please specify*): _____

5. Are you and the other party currently living in the same house?

Yes No

6. You and the other party are able to communicate about the children

most of the time some of the time through a third party
 in writing only (i.e. email, letters or a log book) not at all

Section 7: Tell us about the people who live in your home

Do not include the children who are before the court in this case.

Not applicable; or

| Full Legal Name | Date of Birth | Relationship to you |
|-----------------|---------------|---------------------|
| | | |
| | | |
| | | |
| | | |
| | | |

If you need more room, attach another sheet of paper to list additional names and information.

Please have each of the adults named above sign consent forms to allow the OCL to get information about his or her involvement with the police and children’s aid societies.

What involvement, if any, do these people have with the children? _____

Section 8: Tell us about the children’s living and visiting arrangements now

1. Who are the children living with now? _____

2. What is the access schedule? _____

3. Do you think the current arrangements are good for the children?
 Yes No Why? _____

4. Have the custody and access arrangements for the children changed?
 Yes No If yes, how many times? _____ When? _____
Why did they change? _____

5. Is (are) one or more child(ren) refusing to see a parent?

Yes No

If yes, why? _____

6. Have you signed an agreement about custody or access?

Yes No When? _____

7. Has the court made a custody or access order?

Yes No If yes, how many orders? _____

Attach a copy of the most recent custody and access order (or endorsement if the order is not available).

The order is temporary final

8. Is the most recent order or agreement being followed?

Yes No If no, why not? _____

9. When is your next court appearance? _____

10. What type of hearing is the case scheduled for?

Case conference Settlement conference Motion
 Trial management conference Trial

Section 9: Tell us what orders you are asking the court to make

NOTE: Only check off orders that you have asked the court to make in your application or answer.

Custody

Sole custody to you
 Joint custody between you and _____
 Other (*please specify*) _____

The children shall have their primary residence with _____
Why? _____

Access

Access to _____ as follows: _____

Access to me as follows: _____

Why? _____

Supervised access to _____

Why? _____

No access to _____

Why? _____

Mobility

An order permitting you to move with the children

Where? _____

Why? _____

If you are allowed to move, how and when will the children see and have contact with the other party?

An order preventing the other party from moving with the children

Where? _____

Why? _____

An order preventing the other party from taking the children outside of the jurisdiction

Why? _____

Restraining Order

A restraining order against the other party

Terms of the restraining order you are asking for: _____

Why? _____

Support or Property

Child support

Spousal support

Division of property

Exclusive possession of the matrimonial home

Section 10: Children's Aid Society Involvement

Are you, your children or anyone who lives with you involved with a children's aid society now?

Yes No If yes, when did the CAS become involved? _____

Have you, your children or anyone who lives with you ever been involved with a children's aid society?

Yes No Don't know

If you answered no or don't know, go to Section 11. If you answered yes, answer these questions:

1. Is one or more of your children currently in the care of a CAS?

Yes No If yes, who? _____

When did he/she/they go into care? _____

The child is in care under a:

special needs agreement temporary care agreement court order

2. When was the CAS involved? _____

3. Who was the CAS involved with? _____

4. What are or were the children's aid society's concerns?

Neglect Physical abuse Sexual abuse Emotional/psychological abuse

Adult conflict Domestic violence Parent/teen conflict

Other (*please specify*): _____

5. If the CAS is involved now, what is happening?

The CAS is investigating a child protection concern

We are working voluntarily with the CAS

We have signed a voluntary service agreement

There is a child protection case before the court

Not applicable

Don't know

6. How was the CAS involved with you in the past?

The CAS conducted an investigation of a child protection concern

We worked with the CAS on a voluntary basis

The children were in care under a temporary care agreement

The CAS filed child protection proceedings with the court

The court ordered a supervision order

The court ordered that the children be placed in the care of the CAS

Not applicable

7. Name of the CAS: _____
 If you have been involved with more than one CAS, attach extra pages with details of your involvement.
8. Name of worker: _____
9. Worker's telephone number: _____
 Address of CAS: _____

Please attach copies of any court orders, agreements with the CAS and any letters outlining the CAS's involvement with your family.

Please sign the consents at the end of this form to allow the OCL to receive information from any CASs that you and/or your children have been involved with and the police. The OCL will ask the CAS for information before agreeing to take your case, but it will only ask a CAS for your records if it accepts your case. If you do not sign the consents, the Office of the Children's Lawyer may not be able to help your children.

Section 11: Violence or abuse

Was there violence or abuse between you and the other party or against the children?

- Yes No

If you answered no, go to Section 12. If you answered yes, answer the following questions

1. Who was the abusive party? _____
2. When did the violence occur? _____
 While you were together Since separation Currently
3. What type of violence?
 Physical Emotional/Psychological Verbal Sexual
 Other (*please specify*): _____
4. Were you injured?
 Yes No
5. Was the other party injured?
 Yes No

If one of you was injured, please describe the nature of the injuries and if one of you sought medical attention

6. When did this happen? _____
7. Yes No Have you ever been stalked/followed/threatened by the other party?
8. Yes No Are you afraid of the other party?
9. Yes No Are the child(ren) aware of the violence or abuse?
10. Yes No Was there violence/abuse against the child(ren)?

If yes, by whom? _____

When did this happen? _____

Describe the nature of the violence, any injuries and if medical attention was sought

Did you tell the Children's Aid Society about the violence/abuse to the child(ren) described above?

Yes No

If yes, when? _____

Section 12: Tell us about your involvement with the police

Please sign the consent to the disclosure of police records at the end of this form. The Office of the Children's Lawyer will not ask the police for your records if it does not accept your case.

1. Have you ever been involved with the police (for example, arrested, charged or investigated by the police)?
 Yes No

If yes, describe the nature of your involvement:

Name of police services: _____

Date(s) of involvement: _____

2. Has a court ever made a restraining order against you?

Yes No If yes, when? _____

Date of restraining order: _____

Expiry date of restraining order: _____

Attach a copy of any current restraining order.

3. Are you subject to a peace bond?

Yes No

Attach a copy of any current peace bond.

4. I have been found guilty of the following criminal offence(s):

Not applicable; or

| Charge | Approximate date of finding of guilt | Sentence received |
|--------|--------------------------------------|-------------------|
| | | |
| | | |
| | | |

5. Are you subject to probation conditions?

Yes No If yes, describe: _____

Attach a copy of any outstanding probation conditions.

6. I am now charged with the following criminal offence(s): **Attach a copy of any outstanding bail conditions.**

Not applicable; or

| Charge | Date of next court appearance | Terms of release (bail conditions) |
|--------|-------------------------------|------------------------------------|
| | | |
| | | |
| | | |

Section 13: Tell us what you know about the other's party's involvement with the police

1. Has the other party ever been involved with the police (for example, arrested, charged or investigated by the police)?

Yes No Don't know

If yes, describe what you know about the nature of the involvement:

Name of police services: _____

Date(s) of involvement: _____

2. Has a court ever made a restraining order against the other party?

Yes No Don't know If yes, when? _____

Date of restraining order: _____

Expiry date of restraining order: _____

Attach a copy of any outstanding restraining order.

3. Is the other party subject to a peace bond?

Yes No Don't know

Attach a copy of any outstanding peace bond.

4. The other party has been found guilty of the following criminal offence(s)

Not applicable Don't know; or

| Charge | Approximate date of finding of guilt | Sentence received |
|--------|--------------------------------------|-------------------|
| | | |
| | | |
| | | |

5. Is the other party subject to probation conditions?

Yes No Don't know If yes, describe: _____

6. The other party is now charged with the following criminal offence(s):

Not applicable Don't know; or

| Charge | Date of next court appearance | Terms of release (bail conditions) |
|--------|-------------------------------|------------------------------------|
| | | |
| | | |
| | | |

Section 14: Tell us about health issues

1. Do you have mental health issues?

Yes No

If yes, have you been diagnosed by a mental health professional?

Yes No What is the diagnosis? _____

2. Are you in treatment?

Yes No If yes, name of doctor/therapist: _____

Have you been prescribed medication?

Yes No

3. Does the other party have mental health issues?

Yes No Don't know

If yes, was he/she diagnosed by a mental health professional?

Yes No Don't know What is the diagnosis? _____

If you believe that the other party has a mental health issue but are not aware that the other party has been given a diagnosis, why do you think he/she has mental health issues?

4. Is the other party in treatment?

Yes No Don't know If yes, name of doctor/therapist: _____

Has the other party been prescribed medication?

Yes No Don't know

Is the other party taking medication as prescribed?

Yes No Don't know

5. Do the mental health issues have an impact on the children?

Yes No If yes, describe: _____

6. Does anyone have other health issues?

Yes No If yes, describe: _____

7. Do these health issues impact on the person's ability to care for the children?

Yes No If yes, describe: _____

Section 15: Tell us about substance abuse issues

1. Have you ever had a problem with substance abuse?

Yes No

If yes, what type of substance abuse?

Alcohol Drugs (*Specify*) _____

Provide details of any treatment you have received: _____

2. Has the other party ever had a problem with substance abuse?

Yes No Don't know

If yes, what type of substance abuse?

Alcohol Drugs (*Specify*) _____

Provide details of any treatment he or she has received: _____

3. Did the substance abuse have an impact on your relationship with the other person or the children?

Yes No

If yes, describe: _____

Remember: You must attach the following documents to this form

A copy of the order appointing the Children's Lawyer in your matter

A signed consent form to allow the Office of the Children's Lawyer to obtain your police records

Signed consent form(s) to allow the Office of the Children's Lawyer to obtain the police records of anyone other than the children who is currently living with you

A signed consent form to allow the Office of the Children's Lawyer to obtain information from any children's aid society that has been involved with you or your children

- Signed consent form(s) to allow the Office of the Children’s Lawyer to obtain information from any children’s aid society that has been involved with anyone other than the children who is currently living with you
- A copy of any completed custody and access assessments
- A copy of any current custody and access orders
- A copy of any current child protection orders, agreements you have entered into with a CAS or letters from a CAS describing their involvement with you, your family or anyone living with you
- A copy of any current restraining order, probation order, peace bond or bail conditions

NOTE: If you do not include these documents, the Office of the Children’s Lawyer may not be able to help your children. Please ensure that all of the relevant documents listed above are included with this form.

I certify that I have reviewed the contents of this form and that the information is accurate and true.

Signature of Party

Date

Please note that a lawyer is not permitted to sign this form on behalf of his or her client.

JURISDICTION

You and the children must go to interviews and meetings in the same region where the Court that is hearing your custody and access case is located. If you do not agree, the OCL will not consider your request. Please sign below to indicate that you agree to this condition.

Signature of Party

Date

Please note that a lawyer is not permitted to sign this form on behalf of his or her client.

TO: *(children's aid society)* _____

Name of case: _____

Court File No.: _____ OCL Case No.: _____

I authorize and consent to you providing the following information about me and my children to:

The Office of the Children's Lawyer
c/o MGS Mail Delivery Services
2B-88 Macdonald Block
77 Wellesley Street West
Toronto ON M7A 1N3

1. Is your agency currently conducting a child protection investigation involving this family?
2. Are you involved with this family on a voluntary basis?
3. Does your agency currently have a child protection case involving this family before the court?
4. Are any of the children named below in the care of your agency and if so, under what arrangement?
5. Have any of the children in this family been referred to the Office of the Children's Lawyer for alternative dispute resolution?

If and when requested, I further authorize and consent to you providing copies of any:

- records;
- assessments;
- documents; or
- other material in your possession

about me and my children to

- the Office of the Children's Lawyer; and/or
- an agent assigned by the Office of the Children's Lawyer.

I certify that the following information is correct:

My last name is _____

My first name is _____

My middle name(s) are *(if any)* _____

I have also used or been known by the following last names:

I have also used or been known by the following names:

I was born on (*year, month, day*) _____

The names and dates of birth of my children are:

| | | | |
|-------|-------------------------------------|-------|--------------------------------|
| _____ | Name (First, Middle and Last Names) | _____ | Date of birth (Year/Month/Day) |
| _____ | Name (First, Middle and Last Names) | _____ | Date of birth (Year/Month/Day) |
| _____ | Name (First, Middle and Last Names) | _____ | Date of birth (Year/Month/Day) |
| _____ | Name (First, Middle and Last Names) | _____ | Date of birth (Year/Month/Day) |
| _____ | Name (First, Middle and Last Names) | _____ | Date of birth (Year/Month/Day) |

My address is _____

I have also lived at the following addresses in the last five years: (*Give approximate dates*)

I authorize the Office of the Children’s Lawyer and its agents to collect, use and disclose any information obtained in the course of providing service to the above named child(ren), including, but not limited to, preparing and writing a report for the Court.

Signature _____ Date _____

Name of city, town or municipality where signed: _____

Witness’s Signature _____ Witness’s Name (*print*) _____

TO: (local police service) _____

Name of case: _____

Court File No.: _____ OCL Case No.: _____

I authorize and consent to the release of all police records relating to me and my children in accordance with the order attached made by Justice (*name of judge*) _____,

The Office of the Children's Lawyer
c/o MGS Mail Delivery Services
2B-88 Macdonald Block
77 Wellesley Street West
Toronto ON M7A 1N3

I certify that the following information is correct:

My last name is _____

My first name is _____

My middle name(s) are (*if any*) _____

I have also used or been known by the following last names:

I have also used or been known by the following names:

I was born on (*year, month, day*) _____

The names and dates of birth of my children are:

| Name (First, Middle and Last Names) | Date of birth (Year/Month/Day) |
|-------------------------------------|--------------------------------|
|-------------------------------------|--------------------------------|

| | |
|-------------------------------------|--------------------------------|
| Name (First, Middle and Last Names) | Date of birth (Year/Month/Day) |
|-------------------------------------|--------------------------------|

| | |
|-------------------------------------|--------------------------------|
| Name (First, Middle and Last Names) | Date of birth (Year/Month/Day) |
|-------------------------------------|--------------------------------|

| | |
|-------------------------------------|--------------------------------|
| Name (First, Middle and Last Names) | Date of birth (Year/Month/Day) |
|-------------------------------------|--------------------------------|

| | |
|-------------------------------------|--------------------------------|
| Name (First, Middle and Last Names) | Date of birth (Year/Month/Day) |
|-------------------------------------|--------------------------------|

My address is _____

I have also lived at the following addresses in the last five years: *(Give approximate dates)*

I authorize the Office of the Children's Lawyer and its agents to collect, use and disclose any information obtained in the course of providing service to the above named child(ren), including, but not limited to, preparing and writing a report for the Court.

Signature

Date

Name of city, town or municipality where signed: _____

Witness's Signature

Witness's Name *(print)*