

(Name of Court)

at

Court office address

**Children's Aid Society
Report on Records**

Court office fax no.

Applicant(s)

Respondent(s)

Full Legal Name

Full Legal Name

PART A – Consent to Provide CAS Records

You must complete this part if you 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)

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:

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

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

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:
- 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
 - 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

(Name of Court)

at

Court office address

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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:

Date file/record opened	Date file/record closed (if applicable)

Signature

Date

Position