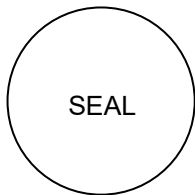


Court File Number



(Name of court)
at
Court office address

Form 8B.2: Application (General) (Child, Youth and Family Services Act, 2017 Cases other than Child Protection and Status Review)

Applicant(s) (In most 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) (In most cases, a respondent will be a "parent" within the meaning of section 74 of the Child, Youth and Family Services Act, 2017.)

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.

TO THE RESPONDENT(S):

A COURT CASE HAS BEEN STARTED AGAINST YOU IN THIS COURT. THE DETAILS ARE SET OUT ON THE ATTACHED PAGES.

THE FIRST COURT DATE IS (date) AT a.m. p.m. or as soon as possible after that time, at: (address)

If you have also been served with a notice of motion, there may be an earlier court date and you or your lawyer should come to court for the motion.

IF YOU WANT TO OPPOSE ANY CLAIM IN THIS CASE, you or your lawyer must prepare an Answer (Child, Youth and Family Services Act, 2017 Cases other than Child Protection and Status Review) (Form 33B.2 – a blank copy should be attached), serve a copy on the children's aid society and all other parties and file a copy in the court office with an Affidavit of Service (Form 6B).

YOU HAVE ONLY 30 DAYS AFTER THIS APPLICATION IS SERVED ON YOU (60 DAYS IF THIS APPLICATION IS SERVED ON YOU OUTSIDE CANADA OR THE UNITED STATES) TO SERVE AND FILE AN ANSWER. IF YOU DO NOT, THE CASE WILL GO AHEAD WITHOUT YOU AND THE COURT MAY MAKE AN ORDER AND ENFORCE IT AGAINST YOU.

Check this box if this paragraph applies

The children's aid society is also making a claim for child support. You MUST fill out a Financial Statement (Form 13 – a blank copy attached), serve a copy on the society and file a copy in the court office with an Affidavit of Service even if you do not answer this case.

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WARNING: This case is subject to case management, which means that the case runs on a timetable. That timetable says that the following steps have to be finished by the following number of days from the start of this case:

Service and filing of answers and plans of care – 30 days

Settlement conference – 80 days

Hearing – 120 days

You should consider getting legal advice about this case right away. If you cannot afford a lawyer, you may be able to get help from your local legal aid office. (See your telephone directory under *LEGAL AID*).

Date of issue

Clerk of the court

THE CHILD(REN): *(List all children involved in this case.)*

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

CLAIM BY *(name and relationship to child, if applicable)*

1. *(name)* asks for an order: *(Specify the order being sought and the grounds upon which the application is being brought)*

relating to access, the details of which are as follows:

that *(name of person)* be restrained under s. 137 of the *Child, Youth and Family Services Act, 2017* from having any contact with *(name of child(ren) and/or any caregiver)*

(Provide details of restraining order being sought.)

relating to payment of support while the child(ren) is/are in care or subject to an order of supervision, the details of which are as follows:

other *(Specify.)*

for court costs of this application.

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2. The existing orders relating to the child(ren) are as follows:

3. The following is a brief statement of the facts relied upon in this application.
(Set out the facts in numbered paragraphs. If you need more space, you may attach a page, but you must date and sign each additional page.)

Put a line through any blank space left on this page.

Date of signature

Signature

*If applicant is a children's aid society,
give office or position of person signing.*

Print or type name