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| [SEAL] | |  |  | | | | | | | | | | | | | | | | | | |  | Court File Number | | | | |
|  | (Name of court) | | | | | | | | | | | | | | | | | | |  | | | | |
| **at** |  | | | | | | | | | | | | | | | | | | | Form 8D: Application (Adoption) | | | | |
|  | Court office address | | | | | | | | | | | | | | | | | | |  | | | | |
| Applicant(s) *(The first letter of the applicant’s surname may be used)* | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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) *(If there is a respondent, the first letter of the respondent’s surname may be used)* | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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). | | | | | | | | | | |
|  | | | | | | | | | | | | | |  | | | | | | | | | | |
| The application is for a(n) *(check all boxes that apply)*: | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | adoption of a child in extended society care | | | |  | | licensed adoption | | | | |  | | | | society adoption of a child who is  not in extended society care | | | | | | | | | |  | section 199(1)(b) adoption |
|  | international adoption | | |  | | relative adoption | |  | stepparent adoption (complete additional section below) | | | | | | | | | | | | | | | | | | |
| **THE APPLICANT(S) ASK FOR AN ORDER FOR THE ADOPTION OF:** *(Give full legal name, date of birth, sex and birth registration number of person to be adopted. If this person is in extended society care or was placed for adoption by a licensee or children’s aid society, you may use an initial for the surname.)* | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Full legal name | | | | | | | | | | | Date of birth | | | | | | | | Sex | | | Birth registration number | | |
| The applicant(s) also ask for an order that the person’s name after adoption be: *(full legal name of person after adoption)* | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| To be completed for a stepparent adoption: | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| If the adoption order is made, pursuant to s. 217(2)(b) of the *Child, Youth and Family Services Act, 2017*, the parents of the person will be: | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **YOU SHOULD CONSIDER GETTING LEGAL ADVICE ABOUT THIS RIGHT AWAY.** If you cannot afford a lawyer, you may be able to get help from Legal Aid Ontario. Call **1-800-668-8258 toll-free** to get legal aid help in over 120 languages. For more information about the services available through Legal Aid Ontario, visit [www.legalaid.on.ca](http://www.legalaid.on.ca). | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Strike out the box below if it does not apply in this case. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **NOTE TO THE RESPONDENTS:** You are also being served with a notice of motion to dispense with your consent to the adoption. The details of the motion can be found on the notice of motion and the attached affidavit(s). | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **IF YOU WANT TO OPPOSE THIS ADOPTION**, you or your lawyer must serve and file an *Answer* (Form 10). IF YOU **DO NOT DO SO, THE COURT MAY DISPENSE WITH YOUR CONSENT WITHOUT YOU AND YOU WILL GET NO FURTHER NOTICE.** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Date of signature | | | | | | | | | |  | | | | | | | | Signature of applicant | | | | | | | | | |
|  | | | | | | | | | |  | | | | | | | |  | | | | | | | | | |
| Date of signature | | | | | | | | | |  | | | | | | | | Signature of co-applicant | | | | | | | | | |
|  | | | | | | | | | |  | | | | | | | |  | | | | | | | | | |
| Date of issue by clerk of the court | | | | | | | | | |  | | | | | | | | Signature of clerk of the court | | | | | | | | | |