ONTARIO

Court File Number

(Name of court)

Form 8D.2: Notice of Intention to Place Child(ren) for Adoption

at .....
Court office address

TO: .....
(name of child being placed for adoption or person entitled to have access to the child)

This notice is to advise you that the *(name of children's aid society)* .....

is planning to: *(strike out the paragraph that does not apply. NOTE: in some cases, both paragraphs may apply.)*

☐ **place the following child(ren) for adoption:** *(full legal name(s) and date(s) of birth of child(ren)*

☐ **place you for adoption.**

This means that: *(Add more numbered lines as needed for each additional person.)*

1. Your access to ..... will end when ..... is placed for adoption.
   (name of the person to whom access is ending) (*name or "you" as applicable)*

2. Your access to ..... will end when ..... is placed for adoption.
   (name of the person to whom access is ending) (*name or "you" as applicable)*

3. Your access to ..... will end when ..... is placed for adoption.
   (name of the person to whom access is ending) (*name or "you" as applicable)*

Strike out the box below if it does not apply in this case

You have been granted a right of access under the C*hild, Youth and Family Services Act, 2017*. You have the right to apply for an openness order with respect to the following person(s): *(name(s) of person(s) to whom the person receiving this notice has a right of access and may apply for an openness order.)*

You must act within 30 days if you want to ask the court for an openness order.

If you want to have a right to contact any of the persons listed above through an openness order, you or your lawyer must, **within 30 days of receiving this notice**:

1. Prepare a Form 34L: Application for Openness Order. (A blank copy should be attached; if it is not, you can obtain a copy from the court office or at www.ontariocourtforms.on.ca.)
2. Serve a copy of the completed Form 34L on all of the following:
   a. The children's aid society to the attention of ..... at the following address:

      .....
   b. The Children's Lawyer at the Office of the Children's Lawyer, 393 University Avenue, 14th floor, Toronto, Ontario, M5G 1E6.
   c. The child's lawyer, if any.
   d. The person(s) with whom you are seeking openness, unless that person is a child under the age of 12.
3. File a copy of the completed Form 34L with a Form 6B: Affidavit of Service. You can obtain these forms from www.ontariocourtforms.on.ca or at the court office.

If you do not serve and file a Form 34L within 30 days of receiving this notice, you will not be able to apply to the court for any openness order.

Strike out the box below if it does not apply in this case

You are a person to whom access has been granted under *the Child, Youth and Family Services Act, 2017*. You do not have a right to apply for an openness order with respect to the following person(s):

Every person who has been granted a right of access under the *Child, Youth and Family Services Act, 2017* may seek an openness order within 30 days after notice is received.

Information about the order(s) that will end

Court File Number	Court Office Address	Name(s) of Judge(s)	Date(s) of Order(s)
Details of Access Order(s) That Will End *(for example specify who has been granted a right of access and to which persons)*			

You may get a lawyer to help you.

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.

IF YOU ARE UNDER 18 YEARS OLD, the children's aid society must send a copy of this form to the Children's Lawyer at their place of business, which is the Office of the Children's Lawyer, 393 University Avenue, 14th floor, Toronto, Ontario, M5G 1E6. You can contact the Office of the Children's Lawyer at 416-314-8000 and ask to speak to a lawyer.

Signature of children's aid society employee *Date of signature*

(Name and position of children's aid society employee)