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| ONTARIO | | | | | | | | | | | | | |
|  | | | | | | | | | |  | Court File Number | | |
| (Name of court) | | | | | | | | | |  | | |
| **at** |  | | | | | | | | | Form 34M.1: Consent to Openness Order under s. 196 or s. 197 of the *Child, Youth and Family Services Act, 2017* | | |
|  | Court office address | | | | | | | | |
| Applicant | | | | | | | | | | | | | |
| 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) *(Persons entitled to notice.)* | | | | | | | | | | | | | |
| 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. | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| **THE CHILD** | | | | | | | | | | | | | |
| **Child's Full Legal Name** | | | | **Birthdate** | | | | **Sex** | **Is the Child First Nations, Inuit, or Métis?** | | | **Child’s Bands or First Nations, Inuit, or Métis Communities** | |
|  | | | |  | | | |  |  | | |  | |
| **Extended Society Care Order:** | | | | | | | | | | | | | |
| **Court File Number** | | | **Court Office Address** | | **Name of Judge** | | | | | | | | **Date of Order** |
|  | | |  | |  | | | | | | | |  |
| **Details of Order** | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| The parties and the child, if the child is 12 years of age or older, agree to the following: | | | | | | | | | | | | | |
| **1.** | | The openness order is in the best interests of the child for the following reasons: | | | | | | | | | | | |
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| Form 34M.1: | | Consent to Openness Order under s. 196 or s. 197 of the *Child, Youth and Family Services Act, 2017* | (page 2) | Court File Number |
|  | |  |
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| **2.** | The proposed openness order will permit the continuation of a relationship with a person that is beneficial and meaningful to the child for the following reasons (*complete this section only if you are seeking an openness order under s. 196 of the* Child, Youth and Family Services Act, 2017*)*: | | | |
|  |  | | | |
| **3.** | The person(s) with whom the children’s aid society has placed or will place the child for adoption can comply with the terms of the proposed openness order. Details about the prospective adoptive parents’ ability to comply are as follows *(complete this section only if you are seeking an openness order under s. 196 of the* Child, Youth and Family Services Act, 2017*)*: | | | |
|  |  | | | |
| **4.** | The proposed openness order would help the child to develop or maintain a connection with the child’s First Nations, Inuit or Métis cultures, heritages and traditions and preserve the child’s cultural identity and connection to community for the following reasons (*complete this section only if the society is intending to place a First Nations, Inuk or Métis child for adoption and**you are seeking an openness order under s. 197 of the* Child, Youth and Family Services Act, 2017*)*: | | | |
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| Form 34M.1: | | Consent to Openness Order under s. 196 or s. 197 of the *Child, Youth and Family Services Act, 2017* | | | (page 3) | | | Court File Number |
|  | |  | | |
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| **5.** | For the reasons set out above, we ask the court to make the following order*:* (Provide details of openness order.) | | | | | | | |
|  |  | | | | | | | |
| Name of children’s aid society representative and position within the children's aid society: | | | | | | | | |
|  | | | | | | | | |
|  | | | | | | | | |
| **CONSENTS** | | | | | | | | |
|  | | |  |  | |  |  | |
| Date | | |  | Applicant's signature | |  | Witness' signature | |
|  | | | | | | | | |
|  | | |  |  | |  |  | |
| Date | | |  | Respondent's signature | |  | Witness' signature | |
| If applicable, children's aid society that will supervise or participate in the arrangement under the openness order: | | | | | | | | |
|  | | |  |  | |  |  | |
| Date | | |  | Respondent's signature | |  | Witness' signature | |
| **CHILD'S CONSENT** | | | | | | | | |
| If child is 12 years of age or older: | | | | | | | | |
|  | | |  |  | |  |  | |
| Date | | |  | Child's signature | |  | Witness' signature | |