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| ONTARIO | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | |  | Court File Number | | | | |
| (Name of court) | | | | | | | | | | | | | | | | | | |  | **Form 34H: Affidavit of Applicant to a Family Adoption**  Original  Update sworn/affirmed | | | | |
| at |  | | | | | | | | | | | | | | | | | | |  |
|  | 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).* | | | | | | | | | |
|  | | | | | | | | | | | | | |  | | | | | | | | | |
| **My name is** *(full legal name)* | | | | | |  | | | | | | | | | | | | | | | | | | | |
| **I live in** *(municipality & province)* | | | | | | |  | | | | | | | | | | | | | | | | | | |
| **and I swear/affirm that the following is true:** | | | | | | | | | | | | | | | | | | | | | | | | | |
| **1.** | | I was born on *(date of your own birth)* | | | | | |  | | | | | | | | | | | | | | | | | |
| **2.** | | The name of the child whom I want to adopt is *(Give full legal name, date of birth, sex and birth registration number if known)* | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | |  | |  | | | | | |  |  | | | | |  |  | |
| *Full legal name* | | | | | | | | | Date of birth | | | | | | Sex | | | | | Birth registration number | |
| **3.** | | I am the applicant in this adoption and am this child’s | | | | | | | | | | | | | | | | | | | | | | | |
|  | | |  | step-parent | | | | | |  | | grandparent | | | | | | |  | | | parent | | | |
|  | aunt/uncle | | | | | |  | | great-aunt/great-uncle | | | | | | | | | | | | | |
| **3.1** | | You must file a broad record check with the court unless you meet the definition of “parent” in the *Children’s Law Reform Act*. Choose the option below that applies to you. | | | | | | | | | | | | | | | | | | | | | | | |
|  | | |  | **I have attached to this affidavit a copy of my broad record check, dated** *(date of report from local police force)* | | | | | | | | | | | | | | | | | | | | | |
|  | | |  |  | | | | | | | | | . | | | | | | | | | | | | |
|  | | |  | **On** *(date)* |  | | | | | | | | | | **, I sent a request to** *(name of local police force)* | | | | | | | | | | |
|  | | |  |  | | | | | | | | | | | | | | | | | | | | | **for a broad record check.** |
|  | | |  | **I acknowledge that I am required to serve and file the broad record check with the court within 10 days after the day I receive it. If I do not receive my broad record check within 6 months of requesting it, I acknowledge that I am required to provide an updated affidavit including an updated Offence Declaration within 15 days after that 6 month period.) I understand that the court may not make an order for adoption until I have filed the broad record check.** | | | | | | | | | | | | | | | | | | | | | |

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| **Form 34H:** | | | **Affidavit of Applicant to a Family Adoption** | | | | **(page 2)** | Court File Number |
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| **3.2** | **Offence Declaration** (requirement under CYFSA O.Reg. 155/18 section 128 unless you meet the definition of “parent” in the *Children’s Law Reform Act*) | | | | | | | |
|  | Since ordering my broad record check: | | | | | | | |
|  | |  | | | I have not been found guilty or charged with any criminal offences. | | | |
|  | |  | | | I have been found guilty or charged with the following criminal offences(s) for which I have not received a pardon: | | | |
|  | |  | | | **Charge** | **Approximate date of charge** | | **Approximate date of finding of guilt (if applicable)** |
|  | |  | | |  |  | |  |
|  | |  | | |  |  | |  |
|  | |  | | |  |  | |  |
| **3.3** | **Notice of Charge or Conviction** (requirement under CYFSA O.Reg 155/18 section 129 unless you meet the definition of “parent” in the *Children’s Law Reform Act*) | | | | | | | |
|  | Since swearing my last affidavit: | | | | | | | |
|  | |  | | | I am now charged with | | | |
|  | |  | | | I have been convicted of | | | |
|  | |  | | | the following criminal offence(s): | | | |
|  | |  | | | **Charge/Conviction** | **Approximate date of charge** | | **Approximate date of finding of guilt (if applicable)** |
|  | |  | | |  |  | |  |
|  | |  | | |  |  | |  |
|  | |  | | |  |  | |  |
| **4.** | I have made reasonable inquiries about the existence of any outstanding parenting orders regarding the child. To the best of my knowledge, | | | | | | | |
|  | |  | | there is no outstanding order. | | | | |
|  | |  | | the outstanding order(s) is/are as follows: *(For each order, give the name of the court, date of order, name of judge, court file number and full legal name(s) of the person(s) given decision-making responsibility or parenting time under the order.)* | | | | |
|  | |  | |  | | | | |
| *Put a line through any space left on this page.* | | | | | | | | |

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| **Form 34H:** | | | Affidavit of Applicant to a Family Adoption | | | | **(page 3)** | | | Court File Number |
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| 5. | | I have made reasonable inquiries about the existence of any person — other than the person(s) who already filed a consent — who is a “parent” of the child within the meaning of s. 180(1) of the Child, Youth and Family Services Act, 2017. To the best of my knowledge, | | | | | | | | | |
|  | | |  | | there is no other “parent”. | | | | | | |
|  | | |  | | the other “parent(s)” is/are: *(For each parent, state his or her full legal name, address and an explanation why a consent is not yet available.)* | | | | | | |
|  | | |  | |  | | | | | | |
| 6. | | I have made reasonable inquiries about the existence of any other application for the adoption of this child. To the best of my knowledge, | | | | | | | | | |
|  | | |  | | there has been no other adoption application with respect to this child. | | | | | | |
|  | | |  | | the details of the other adoption application(s) are as follows: *(For each application, state the name and location of the court before which the application was brought, the date of the application, the full legal name(s) of the applicant(s) and the result of the application.)* | | | | | | |
|  | | |  | |  | | | | | | |
| 7. | | I have made reasonable inquiries whether the person(s) who filed the consent(s) in this application withdrew the consent(s) or whether a court had set aside the consent(s). To the best of my knowledge, | | | | | | | | | |
|  | | |  | | no consent was withdrawn or set aside. | | | | | | |
|  | | |  | | the details of the withdrawal or of the setting aside are as follows: *(Specify details.)* | | | | | | |
|  | | |  | |  | | | | | | |
| 8. | | The child in this adoption case | | | | | | | | | |
|  | | |  | | is 7 or more years old and I have therefore offered the child a chance to get counselling about the consent. This offer of counselling | | | | | | |
|  | |  | | | |  | was accepted and the child received counselling. | | | | |
|  | |  | | | |  | was turned down by the child. | | | | |
|  | |  | | | | I also ensured that the child received independent legal advice from (lawyer’s name) | | | | | |
|  | |  | | | |  | | | | | |
|  | | |  | | is less than 7 years old and no counselling or independent legal advice was offered. | | | | | | |
| 9. | | I offered the child’s parent(s) a chance to get counselling about the consent and the offer | | | | | | | | | |
|  | | |  | | was accepted by (name of parent(s) who accepted offer) | | | |  | | |
|  | |  | | | | | and counselling was provided. | |
|  | | was turned down by (name of parent(s) who refused offer) | | | | | | |
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| **Form 34H:** | | | | Affidavit of Applicant to a Family Adoption | | | | | **(page 4)** | | | | Court File Number | |
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| 10. | | I also ensured that the parent(s) received independent legal advice from (name of lawyer(s)) | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | |
| 11. | | To the best of my knowledge, no person has given, received or agreed to give or receive any payment or reward of any kind in connection with, | | | | | | | | | | | | |
|  | |  | (a) | | the adoption of the child; | | | | | | | | | |
|  | |  | (b) | | the child’s placement for adoption; | | | | | | | | | |
|  | |  | (c) | | the giving of any consent to the child’s adoption; or | | | | | | | | | |
|  | |  | (d) | | any negotiations or arrangements leading up to the child’s adoption, | | | | | | | | | |
|  | | except for what is permitted by the Child, Youth and Family Services Act, 2017 and the regulations made under it. | | | | | | | | | | | | |
| **12.** | | | I understand that once the child turns eighteen years old, he/she can apply for a copy of his/her original birth registration, if any, and a copy of his/her adoption order. | | | | | | | | | | | |
| **13.** | | | I understand that once the child turns nineteen years old, his/her birth parent(s) can apply for information from his/her original birth registration, if any, any substituted birth registration and his/her adoption order. This information would include the child's full legal name after adoption. | | | | | | | | | | | |
| **14.** | | | I understand the provisions of the *Vital Statistics Act* and the *Child, Youth and Family Services Act, 2017* related to the disclosure of adoption information. | | | | | | | | | | | |
| Sworn/Affirmed before me at | | | | | | |  | | | |  |  |  | |
|  | | | | | | | *municipality* | | | | Signature | |
| in | |  | | | | | | | | | *(This form is to be signed in front of a lawyer, justice of the peace, notary public or commissioner for taking affidavits.)* | |
| on | | province, state or country | | | | | | | | |
|  | | | | | |  |  | |
|  | | *date* | | | | | | Commissioner for taking affidavits  *(Type or print name below if signature is illegible.)* | |