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| ONTARIO | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | |  | | | Court File Number | |
| (Name of court) | | | | | | | | | | | | | |  | | | **Form 34H.1: Affidavit of Person over 18 Living with Applicant to a Family Adoption**  Original  Update dated | |
| at |  | | | | | | | | | | | | | |  | | |
|  | Court office address | | | | | | | | | | | | | |
|  | | |  | |
| **Applicant(s)** | | | | | | | | | | | | | | | | | | | |
| *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)** | | | | | | | | | | | | | | | | | | | |
| *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)* | | | | | | | |  | | | | | | | | | | | |
| **I live with** *(name of applicant)* | | | | | | |  | | | | | | | | | who is the applicant in this proceeding | | | |
| **My date of birth is:** | | | | |  | | | | | | **and I swear/affirm that the following is true:** | | | | | | | | |
|  | | **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.** | | | | | | | | | | | | | | | | | |
| **Offence Declaration** (requirement under CYFSA O.Reg. 155/18 section 128) | | | | | | | | | | | | | | | | | | | |
| Since ordering my broad record check: | | | | | | | | | | | | | | | | | | | |
|  | |  | I have not been found guilty or charged with any criminal offences. | | | | | | | | | | | | | | | | |
|  | |  | I have been found guilty of or charged with the following criminal offences(s): | | | | | | | | | | | | | | | | |
|  | |  | **Charge/Conviction** | | | | | | | | | **Approximate date of charge** | | | | | | | **Approximate date of finding of guilt (if applicable)** |
|  | |  |  | | | | | | | | |  | | | | | | |  |
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| **Form 34H.1:** | | | | **Affidavit of Person over 18 Living with Applicant to a Family Adoption** | | | | | **(page 2)** | | | | Court File Number | |
|  | | | |  | | | |
|  | | | | | | | | | | | | | | |
| **Notice of Charge or Conviction** (requirement under CYFSA O.Reg 155/18 section 129) | | | | | | | | | | | | | | |
| Since swearing my last affidavit: | | | | | | | | | | | | | | |
|  | |  | I am now charged with | | | | | | | | | | | |
|  | |  | I have been convicted of | | | | | | | | | | | |
|  | |  | the following criminal offence(s): | | | | | | | | | | | |
|  | |  | **Charge** | | | | | **Approximate date of charge** | | | | | **Approximate date of finding of guilt (if applicable)** | |
|  | |  |  | | | | |  | | | | |  | |
|  | |  |  | | | | |  | | | | |  | |
|  | |  |  | | | | |  | | | | |  | |
| *Put a line through any space left on this page.* | | | | | | | | | | | | | | |
| 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.)* | | |