

# Office of the Children's Lawyer Child Protection Referral Form

To be completed by Children's Aid Society and submitted with the s. 78 order

Superior Court of Justice     Ontario Court of Justice    Court File Number

Address of Court

Counsel ordered for:  Child(ren)     Minor mother     Minor father

Name of CAS

Name of CAS Worker

Worker's Phone Number  Worker's Email

**\* If there is more than one mother or father, please identify of which child(ren).**

Mother's Name\*

Father's Name\*

Other Parties/Relationship

Child's/Minor Parent's Full Legal Name	Gender	Date of Birth (dd/mm/yy)	In Care?	Needs Services in French?	Needs Interpreter? If yes, Indicate Language	Indian or Native person? Name of First Nation/Band/Community?
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Special circumstances or requirements that the OCL may wish to consider when assigning counsel:

**FOR USE BY OCL.** OCL File Number.  Date Assigned (dd/mm/yyyy)

Lawyer Assigned:

Lawyer Telephone Number  Lawyer Fax Number

Regional Supervisor

Cross-Reference Files