Office of the Children's Lawyer Child Protection Referral Form

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

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| 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 # | |  | | | | | | | Worker's Email | | |  | | | | |
| ***\*If there are additional parents/caregivers, please identify for which child(ren).*** | | | | | | | | | | | | | | | | |
| Parent/Caregiver #1 Name: | | | | | |  | | | | | | | | | | |
| Parent/Caregiver #2 Name: | | | | | |  | | | | | | | | | | |
| Other Parties/Relationship: | | | | | |  | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| **Child's/Minor Parent's Full Legal Name** | | | | | | | | **Gender** | | **Date of Birth dd/mm/yyyy** | **In care?** | | **Need services in French?** | | **Identify as Indigenous?** If yes, please indicate the child's bands and First Nations, Inuit, or Métis communities, if identified. | |
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| Please outline all identity characteristics (e.g., race, culture, religion, gender identity) | | | | | | | | | | | | | | | | |
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| Special circumstances or requirements that the OCL may wish to consider when assigning Counsel: | | | | | | | | | | | | | | | | |
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