

Please read this page carefully before you fill out the form.

1. **Only** complete this Intake Form **if** a judge has made an order asking the Children's Lawyer to become involved in your parenting and/or contact case.
2. Check off the box in Section 2 if you require services in French.
3. Send the completed form and signed consent form(s) to the Office of the Children's Lawyer within **14 days** of the date of the Court order requesting that the Children's Lawyer become involved.
4. **Do NOT attach affidavits or Court pleadings to your Intake Form.**
5. Please make sure that you:
 - a. Answer **all** of the questions in this form; we will be able to make a faster decision about accepting the case if your information is complete;
 - b. Sign and date the form where asked (page 1 and page 14 of Intake Form); and
 - c. Complete, sign and date the consent(s) to release information forms found at the end of the Intake Form.
6. You can either:
 - a. **Fax** the form to 416-314-8050 **or**
 - b. **Email** the form to: OCL.LegalDocuments@ontario.ca
7. Ask your lawyer to help you complete this form if you have one.
8. **You** must sign the Intake Form. Your lawyer cannot sign the form for you.
9. Please explain your concerns in the space provided.
10. Please print clearly and use black or blue ink if you are completing the form by hand.
11. Review the checklist at the end of the form and make sure that you have attached all of the requested documents before sending in your Intake Form.
12. Please keep a copy of the completed form and the fax confirmation for your records.

13. The Children's Lawyer will use the information contained in this form and any information received from the Children's Aid Societies (CAS) to decide whether to become involved in your case and to help provide professional services for the child(ren).
14. Please give us adequate time to process the request. We receive many requests and we process them in the order they arrive at our office. We appreciate your patience.
15. If you have additional information that you would like added to your Intake Form, please send it to us in writing. Make sure that you include your name, the names of any other parties and the Court file number when you send us the additional information.
16. We will contact you or your lawyer if you have one, as soon as we make a decision about your case.
17. If we accept your case, the Office of the Children's Lawyer will assign:
 - a. A lawyer to represent your child or children; or
 - b. A clinician to meet with your family; or
 - c. In some cases both a lawyer and clinician.

Note about the Consents

18. It is important that you sign the consent form(s) found at the end of this form and send them along with your Intake Form.
19. The Office of the Children's Lawyer will ask any Children's Aid Societies (CAS) to answer all five questions found in the top half of the CAS consent form.
20. If you have any questions, please visit the [Office of the Children's Lawyer website](http://www.attorneygeneral.jus.gov.on.ca/english/family/ocl/index.php) (<http://www.attorneygeneral.jus.gov.on.ca/english/family/ocl/index.php>), or call 416-314-8000.

The Court has asked the Office of the Children's Lawyer (OCL) to provide a lawyer for the child(ren) and/or a clinician to meet with you and the child(ren) to help the judge decide your case. Your answers will help the Office of the Children's Lawyer decide whether it can help, and if your case is accepted, how to provide services to your child(ren).

Section 1 - Jurisdiction

1. When is your next Court appearance? (*dd/mm/yyyy*)

2. What type of hearing is the case scheduled for? (*Select one*)

- Case conference
- Settlement conference
- Motion
- Trial
- Trial management conference
- Other (*please specify*):

3. Where is the Court? (*city/town/region*)

The Children's Lawyer requires that you and the child(ren) go to interviews and other meetings in the same region as the Court that is dealing with your parenting and/ or contact case.

In order to consider the Court's request, we need you to **agree** to go to those interviews and/or meetings in the same region where the Court proceedings are taking place. Please sign below to show that you agree to do this.

I, (*Enter your full name below*)

agree to attend interviews and meetings and to bring the child(ren) if required in the same region in which the Court is located **if** my case is accepted by the Office of the Children's Lawyer.

Signature

Date (*dd/mm/yyyy*)

Note that your lawyer is NOT permitted to sign this condition on your behalf.

Section 2 - Tell us about yourself

1. Your full legal name

First Name

Middle Name

Last Name

2. Maiden/ Previous names used:

3. Your date of birth (*dd/mm/yyyy*):

4. You are the:

Applicant (*in the case before the Court*).

Respondent (*in the case before the Court*).

5. Your relationship to the children:

Mother

Father

Other (*Please specify*):

6. Current address (*including postal code*):

7. Telephone numbers where we can reach you:

8. What language(s) do you use for communication?

9. Do you require services in French?

Yes

No

10. The children require services in:

English

French

Other (*Please specify*):

NOTE: The Office of the Children's Lawyer provides services in French and English only. The Office will arrange for an interpreter for the children, but you must arrange for your own interpreter if you cannot speak either French or English.

11. Your lawyer's name and address:

12a. Your lawyer's phone number:

12b. Your lawyer's fax number:

13. Your lawyer's email address:

Section 3a - Tell us about the other party

1. Full legal name

First Name

Middle Name

Last Name

2. Maiden/ Previous names used:

3. Date of birth (*dd/mm/yyyy*):

4. The other party is the:

- Applicant (*in the case before the Court*).
- Respondent (*in the case before the Court*).

5. The other party's relationship to the children:

- Mother
- Father
- Other (*Please specify*):

6. Other party's current address (*including postal code*):

7. The other party's phone number(s):

Section 3b - Tell us about your relationship with the other party listed in Section 3a above

1. What is your **current** relationship to the other party in this case? (*Select one*)

- Married
- Divorced
- Separated
- Never lived together
- Other (*Please specify*):

2a. When did you start your relationship?

2b. When did you separate?

3a. Have you and the other party ever attempted mediation?

- Yes
- No

3b. If yes, dates of mediation:

3c. If yes, name of mediator:

4. Are you and the other party currently living in the same house/home?

- Yes
- No

5. Are you and the other party currently able to communicate about the children?

- Most of the time
- Some of the time
- Through a third party
- In writing only (i.e. email, letters or a log book)
- Not at all

Section 4a - If there is more than one other party, tell us about them. (Add an extra sheet if necessary. Do not complete this Section if there is not more than one other party)

1. Full legal name

First Name

Middle Name

Last Name

2. Maiden/ Previous names used:

3. Date of birth (dd/mm/yyyy):

4. The other party is the:

- Applicant (*in the case before the Court*).
- Respondent (*in the case before the Court*).

5. The other party's relationship to the children:

- Mother
- Father
- Other (*please specify*):

6. Other party's current address (*including postal code*):

7. The other party's phone number(s):

Section 4b - Tells us about your relationship with the other party listed in Section 4a above (Add an extra sheet if necessary. Do not complete this Section if there is not more than one other party)

1. What is your **current** relationship to the other party in this case? (*Select one*)

- Married
- Divorced
- Separated
- Never lived together
- Other (*Please specify*):

2a. When did you start your relationship?

2b. When did you separate?

3a. Have you and the other party ever attempted mediation?

- Yes
- No

3b. If yes, dates of mediation:

3c. If yes, name of mediator:

4. Are you and the other party currently living in the same house/home?

- Yes
- No

5. Are you and the other party currently able to communicate about the children?

- Most of the time
- Some of the time
- Through a third party
- In writing only (*i.e. email, letters or a log book*)
- Not at all

Section 5 - Tells us about the children

1. Provide the names, dates of birth and school/daycare information for **all** of the children involved in the parenting and/or contact case:

First Name	Middle Name	Last Name	Date of Birth (dd/mm/yyyy)	Name of School/ Day Care Provider

2. If any of the children identify as First Nations, Métis, Inuit or Aboriginal, please provide the name of the First Nation, band or native community.

3a. Do any of the children have any special emotional, psychological, educational or physical needs?

- Yes
- No
- I don't know

3b. If yes, please give details:

Section 6 - Previous involvement of the Office of the Children's Lawyer

1a. Have you, any other party or the children ever been involved with the Office of the Children's Lawyer?

- Yes
 No

1b. If yes, who was involved:

1c. If yes, when was the OCL involved:

1d. If yes, what did the OCL provide?

- Clinician
 Lawyer
 Both
 I don't know

If a Clinician, please attach a copy of the report.

2. Describe any **significant changes** since the OCL's last involvement:

Section 7 - Tell us about the children's living and visiting arrangements

1a. Have you signed an agreement about parenting and/or contact?

- Yes
 No

If yes, attach a copy of the most recent parenting and/ or contact agreement

1b. If yes, when:

2a. Has the Court made a parenting and/ or contact order?

- Yes
 No

If yes, attach a copy of the most recent parenting and/ or contact order

2b. If yes, when:

3a. If there is an agreement or order, is it being followed?

- Yes
 No

3b. If no, why not?

4. What is the children's **current** living and visiting arrangement?

5. Describe any concerns you have about the children's **current** living and visiting arrangements:

6. If visits are supervised, when did the supervision begin?

7. Other than the children, who else is living with you?

Full Name	Date of Birth (dd/mm/yyyy)	Relationship to you

Section 8 - Tell us what orders you are asking the Court to make

NOTE: Only check off orders that you have already asked the Court to make in your Application or Answer.

- Decision-making to be made by: _____ and _____
- Decision-making to be shared between: _____
- Parenting time (please specify): _____
- Supervised parenting time to: _____
- Request permission to relocate with children
If yes, where would you like to relocate with children? _____
If yes, when would you like to relocate with children? _____
- Prevent other party from relocating with the children
- Contact to: _____
- Supervised contact to: _____
- Other (please specify): _____

Section 9 - Children's Aid Society (CAS) Involvement

1. Please complete and sign the Consent Form-CAS Records- Party (202101)
2. Please have any other adults/partners residing with you, sign the Consent Form-CAS Records- Partner/Adult (202101).

(These two consent forms are at the end of this application).

1. Have you, your children or anyone who lives with you, ever been involved with a **Children's Aid Society (CAS)**?

- Yes
 No
 I don't know

2. If yes, who was involved with CAS?

- 3a. If yes, when was the CAS involved?

- 3b. If yes, name of the CAS:

- 3c. If yes, name of the CAS worker:

- 3d. If yes, worker's telephone number:

If there has been involvement with more than one CAS, attach extra pages with details of that involvement

4. If yes, what are or were the CAS's concerns?

- Neglect
 Physical abuse
 Sexual abuse
 Emotional/psychological abuse
 Adult conflict
 Domestic violence
 Parent/ teen conflict
 Other (*please specify*):

5. If the CAS is **involved now**, what is happening?

- The CAS is investigating a child protection concern
 There is a child protection case before the Court
 We are working voluntarily with the CAS
 There is a Supervision Order, placing the child(ren) with: _____
 I don't know

6a. Is one or more of your children **currently** in the care of a CAS?

Yes

No

6b. If yes, which child(ren)?

6c. If yes, when did he/she/they go into care?

6d. If yes, the child(ren) is in care under a:

Special needs agreement

Temporary care agreement

Court order

I don't know

Please attach copies of any Court orders, agreements with the CAS and any letters outlining the CAS's involvement with your family.

Section 10 - Violence or abuse between you and any of the other parties

1. Was there violence or abuse between **you and any of the other parties**?

Yes

No

2. If yes, by whom?

3. If yes, when did the violence or abuse occur?

While you were together

Since separation

Currently

4. If yes, describe the type of violence or abuse between **you and any of the other parties**:

5a. If yes, did you tell / report the violence or abuse between **you and any of the other parties** to anyone?

Yes

No

5b. If yes, to whom?

6. If yes, are the child(ren) aware of the violence or abuse between **you and any of the other parties**?

Yes

No

Section 11 - Violence or abuse against the child(ren)

1. Was there violence or abuse against **the child(ren)**?

- Yes
 No

2. If yes, by whom?

3. If yes, when did the violence or abuse occur?

- While you were together
 Since separation
 Currently

4. If yes, describe the type of violence or abuse against **the child(ren)**:

5a. If yes, did you tell the **Children's Aid Society** about the violence or abuse **against the child(ren)** described above?

- Yes
 No

5b. If yes, when?

6a. If yes, did you tell the **Police** about the violence or abuse **against the child(ren)** described above?

- Yes
 No

6b. If yes, when?

Section 12 - Tell us about your involvement with the police

1a. Have you ever been involved with the police (*e.g. arrested, charged, investigated or victim*)?

- Yes
 No

1b. If yes, please describe (*include dates*):

2a. Is there a restraining order against you **currently**?

Yes

No

2b. If yes, date of restraining order:

2c. If yes, date restraining order expires:

3a. Are you **currently** subject to a peace bond, bail conditions, parole conditions or probation conditions?

Yes

No

3b. If yes, please describe:

4a. Have you ever been **convicted** of criminal offence(s)?

Yes

No

4b. If yes, please list:

5a. Are you **currently charged** with a criminal offence(s)?

Yes

No

5b. If yes, please list:

Attach a copy of any current restraining orders, peace bonds, bail conditions probation conditions or parole conditions.

Section 13 - Tell us what you know about the any of other parties' involvement with the police

1a. Have any of the other parties ever been involved with the police (*e.g. arrested, charged, investigated or victim*)?

Yes

No

I don't know

1b. If yes, please describe (*include dates*):

2a. Is there a restraining order against any of the other parties **currently**?

- Yes
 No
 I don't know
-

2b. If known, date of restraining order:

2c. If known, date restraining order expires:

3a. Are any of the other parties **currently** subject to a peace bond, bail conditions, parole conditions or probation conditions?

- Yes
 No
 I don't know
-

3b. If yes, please describe:

4a. Have any of the other parties ever been **convicted** of criminal offence(s)?

- Yes
 No
 I don't know
-

4b. If yes, please list:

5a. Are any of the other parties **currently charged** with criminal offence(s)?

- Yes
 No
 I don't know
-

5b. If yes, please list:

If you have any copies of current restraining orders, peace bonds, bail conditions, probation conditions, parole conditions or, please attach them to this form.

Section 14 - Tell us about health issues

1a. Are there any health issues, including mental health issues, which impact **your** ability to care for the children?

- Yes
 No
-

1b. If yes, please describe:

2a. Have **you** been diagnosed by a mental health professional?

- Yes
 No
-

2b. If yes, what is the diagnosis?

3a. Are there any health issues, including mental health issues, which impact **any of the other parties'** ability to care for the children?

- Yes
 No
-

3b. If yes, please describe:

4a. Have **any of the other parties** been diagnosed by a mental health professional?

- Yes
 No
 I don't know
-

4b. If yes, to your knowledge what is the diagnosis?

Section 15 - Tell us about substance abuse issues

1a. Did/ do you or the any of the other parties have a problem with substance abuse?

- Yes
 No
-

1b. If yes, please describe:

1c. If yes, what type of substance abuse?

- Alcohol
 Drugs (*please specify*):
-

2a. If yes, did/does the substance abuse have an impact on your relationship with any of the parties or the children?

- Yes
 No
-

2b. If yes, please describe:

I have attached the following documents to this form:

- A copy of the order appointing the Children's Lawyer in my case;
- A signed consent form to allow the Office of the Children's Lawyer to obtain information from any Children's Aid Society that has been involved with me or my children;
- Signed consent form(s) to allow the Office of the Children's Lawyer to obtain information from any Children's Aid Society that has been involved with anyone who is currently living with me, other than the children;
- A copy of any completed parenting and/ or contact assessments;
- A copy of any current parenting and/ or contact orders;
- A copy of any current child protection orders, agreements I have entered into with a CAS or letters from a CAS describing their involvement with me, my family or anyone living with me;
- A copy of any current restraining order, probation order, peace bond or bail conditions

NOTE: I understand that if I do not include these documents, the Office of the Children's Lawyer may not be able to provide services to my children. By signing this form, I confirm that all of the relevant documents listed above are included with this form.

I certify that I have reviewed the contents of this form and that the information is accurate and true.

Signature

Date (dd/mm/yyyy)

Please note that your lawyer is NOT permitted to sign this form on your behalf.

TO: *(Enter name of Children's Aid Society below)*

Case Name	Court File Number
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I, *(Enter your full name)*

authorize and consent to you providing the following information about me and my children to The Office of the Children's Lawyer:

1. Information about **current** investigations being conducted involving this family;
2. Information about **current** Society involvement with this family, which may include:
 - a. Voluntary Agreements;
 - b. Temporary Orders under the Child, Youth and Family Services Act;
 - c. Supervision Orders;
 - d. Interim Society Care;
 - e. Extended Society Care.
3. Information about child protection case(s) involving this family **currently** before the Court.

I certify that the following information is correct:

My First Name	My Middle Name	My Last Name
My Maiden/ Previous Names Used:		My Date of Birth <i>(dd/mm/yyyy)</i> :

The names and dates of birth of my children are:

First Name	Middle Name	Last Name	Date of Birth <i>(dd/mm/yyyy)</i>

I authorize The Office of the Children's Lawyer to collect, use and disclose all such information obtained for the purpose of determining whether or not The Children's Lawyer will provide services for the child(ren) listed on the order made by Justice: *(Enter name of Judge below)*

and if accepted, to begin providing services to the child(ren).

Signature	Date <i>(dd/mm/yyyy)</i>
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TO: *(Enter name of Children's Aid Society below)*

Case Name	Court File Number
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I, *(Enter your full name)*

authorize and consent to you providing the following information about me and my children to The Office of the Children's Lawyer:

1. Information about **current** investigations being conducted involving this family;
2. Information about **current** Society involvement with this family, which may include:
 - a. Voluntary Agreements;
 - b. Temporary Orders under the Child, Youth and Family Services Act;
 - c. Supervision Orders;
 - d. Interim Society Care;
 - e. Extended Society Care.
3. Information about child protection case(s) involving this family **currently** before the Court.

I certify that the following information is correct:

My First Name	My Middle Name	My Last Name
My Maiden/ Previous Names Used:		My Date of Birth (dd/mm/yyyy):

The names and dates of birth of my children are:

First Name	Middle Name	Last Name	Date of Birth (dd/mm/yyyy)

I authorize The Office of the Children's Lawyer to collect, use and disclose all such information obtained for the purpose of determining whether or not The Children's Lawyer will provide services for the child(ren) listed on the order made by Justice: *(Enter name of Judge below)*

and if accepted, to begin providing services to the child(ren).

Signature

Date (dd/mm/yyyy)