

The Children's Aid Society of Ottawa | La Société de l'aide
à l'enfance d'Ottawa

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Authorization & Direction

To: The Children's Aid Society of Ottawa

Attention: Disclosure Unit

Re: Legal Disclosure Request

File No.:

Name of involved parties [Mother, Father and Children]

Daniel Ross, Cynthia Holmes, Charlotte
+ Alice Holmes

Additional Information if applicable:

Time period requested As soon as possible

Name of current or most recent CAS worker Heather Clark

Upcoming court date N/A

Disclaimer:

The Children's Aid Society of Ottawa is **not** authorized to release information identifying third-parties, and will therefore omit all confidential names and identifying information from file disclosure.

Portions of the documents/reports released may be **extensively redacted**, with the exception of **report numbers, dates and authors** (if available).

One of the following documents is required for a reacted copy of our files:

☐ A court order directing CAS to do so

OR

☒ Written consent from both parents.

For information including a third party (adult child, family member, or current partner), written consent must be also be provided with this request.

Please note:

Our processing time for legal disclosure requests is 30 business days from the date received.

Once disclosure package is available, we require proof of photo identification at time of pick up.

Written consent may be submitted via email to the attention of the Disclosure Unit Assistant, by fax to (613)-747-4456, or by visiting CAS location in person during business hours.



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Authorization & Direction

To: The Children's Aid Society of Ottawa

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Re: Legal Disclosure Request

File No.:

CONSENT FOR RELEASE OF INFORMATION

Darryl Ross

Authorize for the release of information to the requesting person(s) listed:

Darryl Ross

This authorization includes all records, assessments, documents, and other material containing CAS involvement pertinent to me and my child/children listed below:

Charlotte Holmes (child) Sept 4 2012 (date of birth)

Alice Holmes (child) Mar 3 2014 (date of birth)

_____ (child) _____ (date of birth)

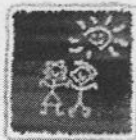
_____ (child) _____ (date of birth)

This shall be your good and sufficient authority for so doing.

Dated on JUNE this 25 day of 25 2017

Signature _____

Witness _____



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Authorization & Direction

To: The Children's Aid Society of Ottawa

Attention: Disclosure Unit

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THIRD PARTY CONSENT FOR RELEASE OF IDENTIFYABLE INFORMATION

I, Darryl Ross

Authorize for the disclosure of any identifiable information listing myself, as a third party, in the file requested by the person(s) Darryl Ross, Amy Mayer, Cynthia Holmes

This information includes release of all records, assessments, documents and other material relevant to my involvement with the above requested person(s).

This shall be your good and sufficient authority for so doing.

Dated on June this 25 day of 2017

Signature

Witness