



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

1602 cour Telesat Court  
Ottawa ON K1B 1B1

**REQUEST FOR INFORMATION**  
**-Child Protection Records-**  
**(former Clients including Society Wards)**

*The Children's Aid Society is not subject to any Freedom of Information legislation. However, as a client, you may access information recorded by the Society about yourself or about a child under the age of 16 who is in your legal custody. Disclosure of information about counselling services offered by the Society to a child 12 year and older requires the child's consent. Disclosure of information regarding any person or any child not currently in your legal custody requires either the consent of this person or her/his legal guardian or a court order. The CAS is not in a position to share reports belonging to, or authored by another party.*

Would you prefer service in English or French

**PLEASE NOTE: IN ORDER FOR YOUR REQUEST TO BE PROCESSED  
ACCURATELY YOU MUST PRINT CLEARLY.**

Name: .....  
(Surname - current) (First Name) (Middle Name)

Please list any previous last names and indicate whether they were: name at birth, maiden name, former married name, name after adoption, etc.

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Date of birth: .....

Address: .....

Telephone (home) .....

Telephone (other).....

CAS files are generally filed under a person's mother's name. If applicable, please provide your

Mother's Name: .....

Mother's Maiden Name: .....

Mother's Date of Birth:.....

Father's Name:.....

Father's Date of Birth:.....

If applicable, please list the names of minor children in your legal custody about whom you are requesting information:

Name: .....

Date of Birth: .....

Name: .....

Date of Birth: .....

Name: .....

Date of Birth: .....

Please note the information you are requesting and the dates that this information may have been captured. Previous Ottawa addresses (if known) may also be helpful.

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**If there is an urgent requirement for a medical history please enclose an explanatory letter from your doctor.**

Please sign below and attach a photocopy of one piece of photo identification (e.g. Driver's License). **The photo ID must be clear and legible.** Please send the best possible copy, especially if you are returning this package by fax. If the photo ID is not clear then your request may be delayed as you will be required to re-send it.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

There may be a waiting period before the Society is in a position to respond to your request. The Society reserves the right to determine how the information will be shared with you based on the nature of your request. Please refer to the cover letter for further information.