

ONTARIO

Court File Number

(Name of court)

at
Court office address**Form 34M: Consent to
Openness Order under s.
194 of the Child, Youth and
Family Services Act, 2017****Applicant** (*In all cases, the applicant will be a children's aid society.*)

Full legal name & address for service — street & number, municipality, postal code, telephone & fax numbers and e-mail address (if any).

Lawyer's name & address — street & number, municipality, postal code, telephone & fax numbers and e-mail address (if any).

Respondent(s) (*Persons entitled to notice.*)

Full legal name & address for service — street & number, municipality, postal code, telephone & fax numbers and e-mail address (if any).

Lawyer's name & address — street & number, municipality, postal code, telephone & fax numbers and e-mail address (if any).

Children's Lawyer

Name & address of Children's Lawyer's agent for service (street & number, municipality, postal code, telephone & fax numbers and e-mail address (if any)) and name of person represented.

THE CHILD

Child's Full Legal Name	Birthdate	Sex	Is the child First Nations, Inuit, or Métis?	Child's Bands or First Nations, Inuit, or Métis Communities

Extended Society Care Order:

Court File Number	Court Office Address	Name of Judge	Date of Order
Details of Order			

The parties and the child, if the child is 12 years of age or older, agree to the following:

1. The openness order will permit the continuation of a relationship with a person that is beneficial and meaningful to the child for the following reasons:

2. The openness order is in the best interests of the child for the following reasons:

3. For the reasons set out above, we ask the court to make the following order: (*Provide details of openness order.*)

Applicant's name and position within the children's aid society:

Date

Applicant's signature

Witness' signature

Signature of person who will be permitted to communicate with or have a relationship with the child if order is made:

Date

Respondent's signature

Witness' signature

Signature of person with whom the children's aid society has placed or intends to place the child for adoption:

Date

Respondent's signature

Witness' signature

If applicable, children's aid society that will supervise or participate in the arrangement under the openness order:

Date

Respondent's signature

Witness' signature

CHILD'S CONSENT

If child is 12 years of age or older:

Date

Child's signature

Witness' signature