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| ONTARIO | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | |  | Court File Number | |
|  | (Name of court) | | | | | | | | | | | | Form 33B: Plan of  Care for Child(ren) (Children’s Aid Society) | |
| **at** |  | | | | | | | | | | | |
|
|  | Court office address | | | | | | | | | | | |
| Applicant(s) *(In most 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) *(In most cases, a respondent will be a “parent” within the meaning of section 74 of the* Child, Youth and Family Services Act, 2017*)* | | | | | | | | | | | | | | | |
| 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. | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| **Fill out only those paragraphs that apply and strike out others.** | | | | | | | | | | | | | | | |
| **1.** | | I am/We are *(full legal name)* | | | |  | | | | | | | | | |
|  | | and I am/we are *(state your position with children’s aid society)* | | | | | | | | |  | | | | |
| **2.** | | The child(ren) in this case is/are: | | | | | | | | | | | | | |
|  | | **Child’s Full Legal Name** | | | | | | **Birthdate** | | | | | | | **Sex** |
|  | |  | | | | | |  | | | | | | |  |
|  | |  | | | | | |  | | | | | | |  |
|  | |  | | | | | |  | | | | | | |  |
| **3.** | |  | | After the court makes a finding that the child(ren) is/are in need of protection under Part V of the *Child, Youth and Family Services Act, 2017*, I/we ask the court to make an order. | | | | | | | | | | | |
|  | |  | | The court previously found on *(date)* | | |  | | | | | | | that the child(ren) was/were in | |
|  | | | | need of protection under Part V of the *Child, Youth and Family Services Act, 2017*, and the court made an | | | | | | | | | | | |
|  | | | | order on *(date)* |  | | | | | | | . I/We now ask the court to make a further order. | | | |
|  | | | The details of the order that I/we now ask the court to make are as follows: *(Give details of the order you now want the court to make. If you want the order to include any supervision by the children’s aid society, give details of any terms and conditions of supervision.)* | | | | | | | | | | | | |
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| Put a line through any blank space left on this page. | | | | | | | | | | | | | | | |

| Form 33B: | | Plan of Care for Child(ren)  (Children’s Aid Society) | (page 2) | Court File Number |
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| **4.** | The services that the family and child(ren) need and that will be provided are as follows: *(Give details of the service needed, who needs it and who will be providing it.)* | | | |
|  |  | | | |
| **5.** | The children’s aid society expects the respondent(s) to carry out certain conditions before it would feel that supervision or society care of the child(ren) is no longer needed. Very serious consequences could result if those conditions are broken. These conditions are: *(Set out conditions and estimate the time needed to achieve them.)* | | | |
|  |  | | | |
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| Form 33B: | | Plan of Care for Child(ren) (Children’s Aid Society) | (page 3) | Court File Number |
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| **6.** | The child(ren) cannot be adequately protected while in the care of the respondent(s) because: *(State reasons.)* | | | |
|  |  | | | |
| **7.** | The following efforts have been made in the past to protect the child(ren) while in the care of the respondent(s): *(Describe the efforts made. If no efforts were made, give explanation.)* | | | |
|  |  | | | |
| **8.** | The following efforts are planned to keep up the child(ren)’s contact with the respondent(s): *(Describe plans. Write “Nil” if there are no plans.)* | | | |
|  |  | | | |
| **9.** | The following arrangements have been or are being made to recognize the importance of the child's culture and to preserve his/her heritage, traditions and cultural identity: | | | |
|  |  | | | |
| Put a line through any blank space left on this page. | | | | |

| Form 33B: | | | Plan of Care for Child(ren) (Children’s Aid Society) | | | | | | | (page 4) | | | | Court File Number | |
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| PART 3 | | | | | | | | | | | | | | | |
| **10.** | The children’s aid society has removed the child(ren) from the care of the respondent(s) and intends to make | | | | | | | | | | | | | | |
|  | this removal | | |  | temporary. | | | | | | | | | | |
|  |  | | |  | permanent. (If the children's aid society is not seeking an order of extended society care, please provide details of the efforts by the children's aid society to provide a long-term, stable placement for the child.) | | | | | | | | | | |
|  |  | | | |  | | | | | | | | | | |
| **11.** | (To be completed if the children's aid society is seeking an order of extended society care.) | | | | | | | | | | | | | | |
|  | Efforts will be made to assist the child to develop a positive, secure and enduring relationship within a family through one of the following methods: | | | | | | | | | | | | | | |
|  |  | adoption | | | |  | a custody order under s. 116(1) | | | | |  | a plan for customary care | | |
|  |  | other *(Please provide available details.)* | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | |
| **12.** | This plan of care was served on and its details explained to the respondent(s) and others named below: | | | | | | | | | | | | | | |
|  | **Print name of person to whom this plan was explained** | | | | | | | **Print name of person who explained plan** | | | | | | | **Date of explanation** |
|  |  | | | | | | |  | | | | | | |  |
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| Date of signature | | | | | | | | | Signature | | | | |
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| Date of signature | | | | | | | | | Signature | | | | |