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| ONTARIO |
|  |  | Court File Number      |
| (Name of court) |  |
| **at** |       | Form 34M: Consent to Openness Order under s. 194 of the *Child, Youth and Family Services Act, 2017* |
|  | Court office address |
| 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: |
|  |       |

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| **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 |

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| **CHILD'S CONSENT** |
| If child is 12 years of age or older: |
|       |  |  |  |  |
| Date |  | Child's signature |  | Witness' signature |