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| ONTARIO | | | | | | | | | | | |
|  | | | | | | | | |  | Court File Number | |
| at | (Name of court) | | | | | | | | **Form 35.1A: Affidavit (child protection information)** | |
|  | | | | | | | |
|  | (Court address) | | | | | | | |
| Applicant(s) | | | | | | | | | | | |
| 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) | | | | | | | | | | | |
| 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). | | | |
|  | | | | | |  | |  | | | |
| **My name is** *(full legal name)* | | | |  | | | | | | | |
| **I live in:** *(name of city, town or municipality and province, state or country if outside of Ontario)* | | | | | | | | | | | |
|  | | | | | | | | | | | |
| **I swear/affirm that the following is true:** | | | | | | | | | | | |
| **1.** | | **I am currently or I have been involved in the following child protection court cases:** *(attach a copy of any relevant court orders or endorsements you have)* | | | | | | | | | |
| **Names of people involved in the case** | | | | | **Name of children's aid society** | | **Court location** | | | | **Court orders made**  *(include dates of orders)* |
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| 2. | | | I have been involved with child protection services in the following way: | | | | | | | | |
| **Names of other people involved** | | | | | **Name of children's aid society** | | **Location of children’s aid society** | | | | **Child protection service(s)**  *(include dates of any agreements or other measures)* |
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| **Form 35.1A:** | | | **Affidavit (child protection information)** | | | | | **(page 2)** | | | Court File Number | | | |
|  | |  | | | | | | | | | | | | |
| 3. | | To the best of my knowledge, the other party and/or the children in this case have been involved in the following child protection court cases: | | | | | | | | | | | | |
| **Names of people involved in the case** | | | | **Name of children's aid society** | | | | | **Court location** | | | | | **Court orders made**  *(include dates of orders)* |
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| 4. | | To the best of my knowledge, the other party and/or the children in this case have been involved with child protection services in the following way: | | | | | | | | | | | | |
| **Names of people involved** | | | | **Name of children's aid society** | | | | | **Location of children’s aid society** | | | | | **Child protection service(s)**  *(include dates of any agreements or other measures)* |
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| Sworn/Affirmed before me at | | | | |  | | | | |  | |  |  | |
|  | | | | | Municipality | | | | |  | |  |  | |
| in |  | | | | | | | | |  | |  |  | |
|  | province, state, or country | | | | | | | | |  | |  |  | |
| on | |  | | | |  |  | | |  | |  | Signature (This form is to be signed in front of a lawyer, justice of the peace, notary public or commissioner for taking affidavits.) | |
|  | | Date | | | |  | Commissioner for taking affidavits | | |  | |  |
| (Type or print name below if signature is illegible.) | | |