Office of the Children's Lawyer Child Protection Referral Form

**To be completed by Children's Aid Society and submitted with s. 78 order**

|  |  |  |
| --- | --- | --- |
| [ ]  Superior Court of Justice | [ ]  Ontario Court of Justice |       |
|  |  | Court File Number |
| Address of Court: |       |
| Counsel ordered for: | [ ]  Child(ren) [ ]  Minor Mother [ ]  Minor Father |
| Name of CAS: |       |
| Name of CAS Worker: |       |
| Worker's Phone # |       | Worker's Email |       |
| ***\*If there are additional parents/caregivers, please identify for which child(ren).*** |
| Parent/Caregiver #1 Name: |       |
| Parent/Caregiver #2 Name: |       |
| Other Parties/Relationship: |       |
|  |
| **Child's/Minor Parent's Full Legal Name** | **Gender** | **Date of Birth dd/mm/yyyy** | **In care?** | **Need services in French?** | **Identify as Indigenous?** If yes, please indicate the child's bands and First Nations, Inuit, or Métis communities, if identified. |
|       |       |       | [ ]  | [ ]  | [ ]  |       |
|       |       |       | [ ]  | [ ]  | [ ]  |       |
|       |       |       | [ ]  | [ ]  | [ ]  |       |
|       |       |       | [ ]  | [ ]  | [ ]  |       |
|       |       |       | [ ]  | [ ]  | [ ]  |       |
| Please outline all identity characteristics (e.g., race, culture, religion, gender identity) |
|       |
| Special circumstances or requirements that the OCL may wish to consider when assigning Counsel: |
|       |