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| ONTARIO | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |  | | Court File Number | | |
| (Name of court) | | | | | | | | | | | | | | | | | | | Form 34G.1: Affidavit of Society Employee for Adoption of a Child in Extended Society Care, sworn/affirmed | | |
| **at** | | |  | | | | | | | | | | | | | | | |
|  | | | Court office address | | | | | | | | | | | | | | | |
|  | | |
| **Applicant(s)** (The first letter of the applicant’s surname may be used) | | | | | | | | | | | | | | | | | | | | | | | |
| 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)** (If there is a respondent, the first letter of the respondent’s surname may be used) | | | | | | | | | | | | | | | | | | | | | | | |
| 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** *(municipality & province)* | | | | | | |  | | | | | | | | | | | | | | | | |
| **and I swear/affirm that the following is true:** | | | | | | | | | | | | | | | | | | | | | | | |
| **1.** | | The name of the child being placed for adoption is: (Give full legal name, date of birth, sex and birth registration number if known of person to be adopted. You may use an initial for the surname.) | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | |  |  | | | | |  |  | | | |  | |  | |
| Full legal name | | | | | | | | | Date of birth | | | | | Sex | | | | Birth registration number | |
| **2.** | I am an employee of (full legal name of children’s aid society) | | | | | | | | | | | | |  | | | | | | | | | |
|  | authorized to place the child for adoption. | | | | | | | | | | | | | | | | | | | | | | |
| **3.** | The child was placed in extended society care by order of Justice (name of judge) | | | | | | | | | | | | | | | | |  | | | | | |
|  | on (date) | | | |  | | | | | | . A copy of the extended society care order and proof of service of the order are | | | | | | | | | | | | |
|  | attached to this affidavit. | | | | | | | | | | | | | | | | | | | | | | |
| **4.** | I have made reasonable inquiries about the existence of any outstanding orders of access to the child. To the best of my knowledge, | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | there is no outstanding order. | | | | | | | | | | | | | | | | | | | |
|  |  | | | A copy of the order ending access to the child made under s. 104 of the *Child, Youth and Family Services Act, 2017* made by | | | | | | | | | | | | | | | | | | | |
|  |  | | | Justice (name of judge) | | | |  | | | | | | | | | on (date of order) | | | | | |  |
|  |  | | | and proof of service of the order are attached to this affidavit. | | | | | | | | | | | | | | | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Form 34G.1: | | | | | Affidavit of Society Employee for Adoption of a Child in Extended Society Care | | | | | | | | | | | | | | **(page 2)** | | | | | | | | | | | | Court File Number | | | | | | | | | | |
|  | | | | |  | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | A copy of the order for access to the child made under s. 104 of the *Child, Youth and Family Services Act, 2017* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | made by Justice (name of judge) | | | | | | | | | | |  | | | | | | | | | | | | on (date of order) | | | | | | | | | |  | | | | | | |
|  |  | is attached to this affidavit. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | On (date) | | | | |  | | | | | | | | | , (name of children’s aid society) | | | | | | | |  | | | | | | | | | | | | | | | | | |
|  |  | gave notice to (name(s) of person(s) entitled to notice) | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
|  |  | that the child would be placed for adoption as described in the affidavit(s) of service of *(name(s) of person(s) who* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | *served notice)* | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | sworn/affirmed on (date(s) | | | | | | | |
|  |  | affidavit(s) of service sworn or affirmed) | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | . | |
|  |  |  | | This service was in accordance with the requirements in s. 195(4) of the *Child, Youth and Family Services Act, 2017.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  | | This service was in accordance with the order of Justice *(name of judge)* | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
|  |  |  | | pursuant to s. 195(5) of the *Child, Youth and Family Services Act, 2017*. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  | | Justice (name of judge) | | | | | | |  | | | | | | | | | | | | | | | | | | made an order on (date of order) | | | | | | | | | | | | |
|  |  |  | |  | | | | | | | | | | dispensing with service of notice on (name(s) of person(s) entitled to access to | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  | | or contact with the child who was(were) not served) | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
|  |  |  | | pursuant to s. 195(6) of the *Child, Youth and Family Services Act, 2017.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | The child is a First Nations, Inuk, or Métis person and on *(date)* | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | , | | | |
|  |  | (name of children’s aid society) | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | gave notice to | | | | | |
|  |  | (name(s) of person(s) entitled to notice) | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | that the child would be placed for adoption as described in the affidavit(s) of service of *(name(s) of person(s)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | *who served notice)* | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | sworn/affirmed on (date(s) | | | | | | | | |
|  |  | affidavit(s) of service sworn or affirmed) | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | . | | |
|  |  |  | This service was in accordance with the requirements in s. 197(4)(a) of the *Child, Youth and Family Services Act, 2017.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  | This service was in accordance with the order of Justice *(name of judge)* | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | |
|  |  |  | pursuant to s. 197(4)(b) of the *Child, Youth and Family Services Act, 2017*. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  | Justice (name of judge) | | | | | | |  | | | | | | | | | | | | | | | | | | | | made an order on (date of order) | | | | | | | | | | | |
|  |  |  |  | | | | | | | | | | | | dispensing with service of notice on (name(s) of person(s) entitled to notice and | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  | who *was/were not served)* | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  | pursuant to s. 197(4)(b) of the *Child, Youth and Family Services Act, 2017.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | No application for an openness order was filed with respect to this child and the access order of Justice *(name* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | *of judge)* | | | |  | | | | | | | | | | | | | | | , dated *(date of order)* | | | | | |  | | | | | | | | | | , was | | | | |
|  |  | terminated upon the placement of the child for adoption on (date child placed for adoption) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | . |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Form 34G.1: | | | | | | Affidavit of Society Employee for Adoption of a Child in Extended Society Care | | | | | | | | | **(page 3)** | | | | | | | | | | Court File Number | | | | | | |
|  | | | | | |  | | | | | | | | |  | | | | | | | | | |  | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | An openness application was filed by (name of person(s) seeking an openness order) | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  | | | | | | | | | | | | | | | | | | | | and the following order was made: | | | | | | | | |
|  |  | (Give the name of the court, date of order, name of judge, court file number, full legal name(s) of the person(s) permitted to communicate or have a relationship with the child under the order and details of the order.) | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | An openness application was filed by (name of person(s) seeking an openness order) | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  | | | | | | | | | | | | | | | | | | | | | and has not yet been concluded. | | | | | | | |
|  |  | The status of that application is as follows:(Provide details of the order requested, position of other parties and any court dates that have been scheduled.) | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **5.** | |  | | I have made reasonable inquiries about the existence of any outstanding appeals of orders relating to the child. To the best of my knowledge, | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | |  | There is no appeal in progress of the order(s) for extended society care or ending access to the child. | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | |  | The appeal period for the order(s) for extended society care and ending access to the child have expired without an appeal being filed. | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | |  | An appeal of the order for extended society care was filed on (date) | | | | | | | | | | | | | | | | |  | | | | | | | , and was | |
|  | |  | |  | withdrawn on (date) | | | | | | | |  | | . | | | | | | | | | | | | | | | |
|  | |  | |  | An appeal of the order for extended society care was filed and dismissed by (name of judge or registrar of the | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | |  | Court of Appeal) | | | | | | |  | | | | | | | | on (date of order) | | | | | | |  | | | . |
|  | |  | |  | An appeal of the order ending access was filed on *(date)* | | | | | | | | | | |  | | | | | | | | | | | | , and was withdrawn | | |
|  | |  | |  | on (date) | | |  | | | | | | . | | | | | | | | | | | | | | | | |
|  | |  | |  | An appeal of the order ending access was filed and dismissed by (name of judge or registrar of the Court of | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | |  | Appeal) | |  | | | | | | | | | | | on (date of order) | | | | | | | |  | | | | . |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sworn/Affirmed before me at | | | | | | | | | |  | | | | | | |  | |  | |  | | | | | | | | | |
|  | | | | | | | | | | municipality | | | | | | |  | |  | | Signature | | | | | | | | | |
| in | |  | | | | | | | | | | | | | | |  | |  | |  | | | | | | | | | |
|  | | province, state or country | | | | | | | | | | | | | | |  | |  | | (This form is to be signed in front of a lawyer, justice of the peace, notary public or commissioner for taking affidavits.) | | | | | | | | | |
| on | |  | | | | | | |  | |  | | | | | |  | |  | |  | | | | | | | | | |
|  | | date | | | | | | |  | | Commissioner for taking affidavits  (Type or print name below if signature is illegible.) | | | | | |  | |  | |  | | | | | | | | | |