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| ONTARIO |
|  |  |  | Court File Number      |
| (Name of court) | Form 34J: Affidavit of Execution and Independent Legal Advice (Children’s Lawyer), sworn/affirmed      |
|
| at |       |
|  | Court office address |
| **My name is** *(full legal name)* |       |
| **and I swear/affirm that the following is true:** |
| **1.** | I am an authorized representative of the Office of the Children’s Lawyer in the adoption of: |
|  | ***Full legal name of child*** | ***Date of birth (d, m, y) and sex*** |
|       |       |
| **2.** | I explained to *(minor parent’s full legal name)* |       | about |
|  | **[ ]**  | the nature and effect of adoption under the law of Ontario; |
| **[ ]**  | the nature and effect of a consent to adoption; |
| [ ]  | the right to counselling; |
| [ ]  | his/her rights and the rights of other persons with respect to the disclosure of adoption information; |
| **[ ]**  | the right upon request to be advised whether an adoption order has been made, |
|  | in language appropriate to his/her age to the best of my knowledge and skills. |
| **3.** | I also explained that he/she could withdraw the consent within 21 days by a written notice. I gave him/her the address where the written notice would have to be served. I also explained that, after the 21 days had passed, he/she could withdraw the consent only with the court’s permission but only if the child had not yet been placed with a person for adoption and if he/she could convince the court that it would be in the child’s best interests to have the consent withdrawn. |
| **4.** | After my explanation, he/she told me that he/she wanted to sign the consent to adoption and I believe that this reflects his/her true wishes. |
| **5.** | I was present at and witnessed the signing of the consent. |
| Sworn/Affirmed before me at |       |  |  |  |
|  | *municipality* | Signature |
| in |       | *(This form is to be signed in front of a lawyer, justice of the peace, notary public or commissioner for taking affidavits.)* |
| on | province, state or country |
|       |  |  |
|  | *date* | Commissioner for taking affidavits*(Type or print name below if signature is illegible.)* |