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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for adoption and if he/she could convince the court that it would be in the child’s best interests to have the consent withdrawn.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.)* | |