

Court File Number

(Name of court)

Form 33B.1: Answer and Plan of Care (Parties other than Children's Aid Society)

at Court office 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).

Children's Lawyer

Name & address for service for Children's Lawyer's agent — street & number, municipality, postal code, telephone & fax numbers and e-mail address (if any) and name of person represented.

TO THE APPLICANT(S):

(Note to the respondent(s): If you are making a claim against someone who is not an applicant, insert the person's name and address here.)

AND TO: (full legal name) , an added respondent, of (address for service of added party)

(Note to the respondent(s): You must complete, serve, file and update this form if any significant changes regarding the child(ren) occur after you sign this form.)

I am/We are (full legal name(s)) and I am/we are (state your relationship to the child(ren))

Multiple horizontal dotted lines for signature and relationship details.

PART 1

1. The child(ren) in this case is/are:

Child's Full Legal Name	Birthdate	Age	Sex	Full Legal Name of Mother	Full Legal Name of Father	Child's Religion	Child's Native Status

2. The following people have had the child(ren) in their care and custody during the past year:

Child's Name	Name of Other Caregiver(s)	Period of Time with Caregiver(s) <i>(d,m,y to d,m,y)</i>

6. These are the people who have information that would support my plan:

Name	Information

(Attach an additional page and number it if you need more space.)

PART 5

Claims by Respondent(s)

(Fill out a separate claim page for each person against whom you are making a claim(s).)

7. THIS CLAIM IS MADE AGAINST

THE CHILDREN'S AID SOCIETY (OR OTHER APPLICANT)

AN ADDED PARTY, whose name is (full legal name)

(If you claim against an added party, make sure that the person's name appears on page 1 of this form.)

8. I/WE ASK THE COURT FOR THE FOLLOWING ORDER:

(Claims below include claims for temporary orders.)

Claims relating to child protection	
<input type="checkbox"/>	access
<input type="checkbox"/>	lesser protection order
<input type="checkbox"/>	return of child(ren) to my/our care
<input type="checkbox"/>	place child(ren) into the custody of (name) (s. 57.1, deemed custody order under the Children's Law Reform Act)
<input type="checkbox"/>	place child(ren) into the custody of (name) (s. 65.2(1)(b), custody order for former Crown ward)
<input type="checkbox"/>	society wardship for months
<input type="checkbox"/>	place child(ren) into the care and custody of (name) subject to society supervision
<input type="checkbox"/>	costs
<input type="checkbox"/>	other (Specify.)

Give details of the order that you want the court to make. (Include the name(s) of the child(ren) for whom custody or access is claimed.)

.....
.....
.....

IMPORTANT FACTS SUPPORTING MY/OUR CLAIM(S)

(In numbered paragraphs, set out the facts that form the legal basis for your claim(s). Attach an additional page and number it if you need more space.)

.....
.....
.....

Put a line through any space left on this page.

Date of signature

Signature

Date of signature

Signature