

Notice: Where Alternative Dispute Resolution is Proposed Under the *Child and Family Services Act*

Please fax the form to the address below:

Office of the Children's Lawyer
Ministry of the Attorney-General
393 University Avenue, 14th Floor
Toronto ON M5G 1W9
Tel: 416 314-8062
Fax: 416 314-8050
Attn.: ADR Intake Co-ordinator

Section I Child Information

Last Name	First Name	Date of Birth (yyyy/mm/dd)	Is the child a minor parent? <input type="checkbox"/> Yes <input type="checkbox"/> No
Last Name	First Name	Date of Birth (yyyy/mm/dd)	Is the child a minor parent? <input type="checkbox"/> Yes <input type="checkbox"/> No
Last Name	First Name	Date of Birth (yyyy/mm/dd)	Is the child a minor parent? <input type="checkbox"/> Yes <input type="checkbox"/> No
Last Name	First Name	Date of Birth (yyyy/mm/dd)	Is the child a minor parent? <input type="checkbox"/> Yes <input type="checkbox"/> No

Section II Contact Information

1. Children's Aid Society

Name of Agency			
Name of Child Protection Worker			
Address (Number and Street)		Suite/Unit/Apt.	City/Town
Province	Postal Code	Telephone Number (inc. area code) ()	Fax Number (inc. area code) ()
Name of Lawyer			Lawyer's Telephone Number (inc. area code) ()

2. Parents/Caregivers

Last Name	First Name	Relationship to Child	
Address (Number and Street)			Suite/Unit/Apt.
City/Town	Province	Postal Code	Telephone Number (inc. area code) ()
Name of Lawyer			Lawyer's Telephone Number (inc. area code) ()

Do any of the children reside at the parent/caregiver's address?
 Yes No If "Yes," please provide name(s) of child(ren):

Last Name	First Name	Relationship to Child
Address (Number and Street)		Suite/Unit/Apt.
City/Town	Province	Postal Code
Name of Lawyer		Telephone Number (inc. area code) ()
		Lawyer's Telephone Number (inc. area code) ()

Do any of the children reside at the parent/caregiver's address?

Yes No If "Yes," please provide name(s) of child(ren):

3. Other Participants, if known

Last Name	First Name	Relationship to Child
Address (Number and Street)		Suite/Unit/Apt.
City/Town	Province	Postal Code
Name of Lawyer		Telephone Number (inc. area code) ()
		Lawyer's Telephone Number (inc. area code) ()

Do any of the children reside at this participant's address?

Yes No If "Yes," please provide name(s) of child(ren):

Last Name	First Name	Relationship to Child
Address (Number and Street)		Suite/Unit/Apt.
City/Town	Province	Postal Code
Name of Lawyer		Telephone Number (inc. area code) ()
		Lawyer's Telephone Number (inc. area code) ()

Do any of the children reside at this participant's address?

Yes No If "Yes," please provide name(s) of child(ren):

4. Language

Does this family require services in French?

Yes No

Section III Issues Proposed for ADR

Is ADR proposed:

- in relation to a child/children who are or may be in need of protection?
 Yes No If "Yes," proceed to Part 1 of this section.
- in relation to an openness order?
 Yes No If "Yes," proceed to Part 2 of this section.

Part 1 Matters relating to children who are or may be in need of protection

Is there an ongoing court proceeding in relation to this matter?

Yes No

Provide brief description of protection concerns

What are the issues proposed for ADR?

- Parent/teen conflict
 - Expiring temporary care agreement
 - Placement issues
 - Terms of supervision orders
 - Access issues
 - Crown wardship orders/reviews
 - Foster parents/CAS/parent issues
 - Long term care issues
 - Poor communication between worker and parents
 - Length of time in care and conditions for return
 - Other (*Please specify*) _____
-

Part 2 Matters in relation to openness orders

Please attach a copy of the openness order.

Is a

- variation of the openness order, or
- termination of the openness order

being sought?

Who has applied to vary or terminate the openness order?

Was the application brought

- before adoption, or
- after adoption?

What are the proposed issues for ADR?

Section IV Criminal Matters

Have any charges been laid in relation to this matter?

Yes No

Are there any pending criminal investigations in relation to this matter?

Yes No

Have criminal record checks been requested for any of the parents/caregivers/participants?

Yes No

Section V ADR Process

What prescribed method of ADR is proposed?

- Child protection mediation
 Family group conferencing
 Aboriginal approach
 Other (*Please specify*) _____
 Not yet known

Has a mediator/facilitator been chosen?

Yes No

Name of Mediator/Facilitator

Telephone Number (*inc. area code*)
()

Section VI Optional Information

Please provide any other information that may be material to the intake process at the Office of the Children's Lawyer.
(*for example: child's special needs, any issues that may impact on child's ability to communicate, any language barriers*)

Section VII Signature

In the opinion of this worker:

- there is no immediate risk to the child(ren)'s safety; and
 the proposed participants have the capacity to participate in an ADR process.

Last Name

First Name

Position

Telephone Number (*inc. area code*)
()

Signature

Date (yyyy/mm/dd)