

Court File Number

(Name of court)

Family Law Rules, O. Reg. 114/99

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 APPLICANTS:

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) _____

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

If you are the applicant, then do not complete Part 2, Part 3 or Part 5 of this form.

I am/We are (full legal name(s)) _____

and I am/We are (state your relationship to the child(ren)) _____

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>

PART 2

3. If this is a child protection application, complete this Part, then go to Part 4. *(If this is a status review, complete Part 3, then go to Part 4.)*

(Check applicable box(es).)

I/We agree with the following facts in paragraph 6 of the application. *(Refer to the numbered paragraph(s) under paragraph 6 of the application.)*

I/We disagree with the following facts in paragraph 6 of the application. *(Refer to the numbered paragraph(s) under paragraph 6 of the application.)*

NOTE: *If you intend to dispute the children's aid society's position at the temporary care and custody hearing, an affidavit in Form 14 **MUST** also be served on the parties and filed at court.*

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

PART 3

4. If this is a status review, complete this Part, then go to Part 4. *(If this is a protection application, complete Part 2, then go to Part 4.)*

(Check applicable box(es).)

I/We agree with the following facts in paragraph 6 of the application. *(Refer to the numbered paragraph(s) under paragraph 6 of the application.)*

I/We disagree with the following facts in paragraph 6 of the application. *(Refer to the numbered paragraph(s) under paragraph 6 of the application.)*

PART 4

5. What placement and terms of placement do you believe would be in the child(ren)'s best interests? *(You should include in your plan of care at least the following information. If your plan is not the same for a particular child, then complete a separate plan for that child.)*
- (a) *Where will you live?*
 - (b) *Who, if anyone, will live with you?*
 - (c) *Where will the child(ren) live?*
 - (d) *What school or daycare will the child(ren) attend?*
 - (e) *What days and hours will the child(ren) attend school or daycare?*
 - (f) *Are you enrolled in school or counselling?*
 - (g) *If you are enrolled in counselling, where do you attend counselling?*
 - (h) *What support services will you be using for the child(ren)?*
 - (i) *Do you have support from your family?*
 - (j) *If you have support from your family, who will help you and how will they help you?*
 - (k) *What will the child(ren)'s activities be?*
 - (l) *What will your source of income be?*
 - (m) *Do you go to work or school?*
 - (n) *If you go to work or school, what are the details, including the days and hours you work or go to school, and who will look after your child(ren) while you are there?*
- (o) *State why you feel that this plan would be in the child(ren)'s best interests.*

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

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 ASK THE COURT THE FOLLOWING:

(Claims below include claims for temporary orders.)

Claims relating to child protection	
40	<input type="checkbox"/> access
41	<input type="checkbox"/> lesser protection order
42	<input type="checkbox"/> return of child(ren) to my/our care
43	<input type="checkbox"/> place child(ren) into care of (name) _____
44	<input type="checkbox"/> children's aid society wardship for _____ months
45	<input type="checkbox"/> society supervision of my/our child(ren)
30	<input type="checkbox"/> costs
50	<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