

Please read this page before you fill out the form

1. Please fill out this form only if a Judge has made a Court Order requesting the involvement of The Children's Lawyer. Please send the completed form to us, dated and signed, within **14 days** of the date of the Court Order. You can mail or fax it to us. Our address and fax number are on the top, left-hand side of this page. If your Intake Form is not sent to us within 14 days we will close our file.
2. If you have a lawyer, he or she should help you complete this Intake Form. There are places in the Intake Form where we ask for your signature. Please make sure that you, **not** your lawyer, sign these sections. If you do not have a lawyer, please fill out the form to the best of your ability.
3. We will let your lawyer (or you, if self-represented) know if we accept or reject the case. If we decide to get involved, we may assign a lawyer, a clinical investigator or both, to represent the children.
4. **The following tips will help us review your Intake Form:**
 - **Please try to set out your concerns in the space provided. Please do not provide affidavits or other court pleadings with your Intake Form.**
 - **If you want to have services provided in French, please make sure that you check off the box in Section III.**
 - **On the last page of this form there is a checklist of the documents we need to review your case. Please send in only these documents with your Intake Form.**
 - **If your answers are handwritten, please use black or blue ink and print clearly so that we can read the information you provide. Please give specific dates when we request them. It helps us understand the history of the file.**
 - **The Intake Form has 14 sections, please make sure that all sections are included. There are 3 sections in the Intake Form that need your signature (Section II, Section X and Section XIV). Please make sure that these sections are signed by you, not your lawyer.**

The information in this form is subject to the Ontario Government's *Freedom of Information and Protection of Privacy Act*. The Children's Lawyer will use the information to decide whether or not to become involved in your case. The information will also be used to help us provide professional services for the child(ren). Therefore, the information you provide in this form is not confidential. Please note, however, that The Children's Lawyer will not provide the other party with a copy of this form unless ordered to do so. If you have any questions about this issue, you can contact Elizabeth Keshen, Counsel at the Office of the Children's Lawyer. Ms. Keshen's phone number is 416 314-8089.

Section I Information Regarding Other Services

1. Has The Children Lawyer ever been involved with you, the other party and/or the child(ren) before?

 Yes No If yes, in what year(s)? _____

What was the name of the lawyer and/or clinical investigator involved with your case?

2. Is there an assessment in progress or has an assessment been completed dealing with parenting issues and/or custody/access to the child(ren)?

 Yes, ongoing Yes, completed No

If yes, ▼

When (yyyy/mm/dd)

By whom (last, first name)

If assessment is completed, please attach a copy.

3. Have you or the other party ever attempted mediation?

 Yes No

If yes, ▼

When (yyyy/mm/dd)

What was the name of the mediator? (last, first name)

Section II Jurisdiction

Where is the Court hearing your case located? (city/town/region)

The Children's Lawyer requires that you and the children go to interviews and other meetings in the same region as the Court that is dealing with your custody and/or access matter. In order to consider your Intake Form we need you to agree to go to those interviews and/or meetings in the region by signing below.

Signature

Date (yyyy/mm/dd)

Section III Information About Yourself

Last Name

First Name

Middle Initial

 Date of Birth
(yyyy/mm/dd)

 Place of Birth
City/Town

Province

Country

Address

Unit/Apt No.

Street No.

Street Name

City/Town

Province

Postal Code

Telephone No. (include area code)

Home

Work

ext.

Cell

Are you employed?

 Yes No

If yes, ▼

What kind of work do you do?

May we telephone you at work?

 Yes No

Intake Form – Custody/Access Cases under the *Divorce Act* and/or the *Children’s Law Reform Act*

Your Lawyer’s Name (<i>last, first name</i>)		Name of Firm	
Address			
Unit/Apt No.	Street No.	Street Name	
City/Town		Province	Postal Code
Telephone No. (<i>include area code</i>) ext.		Fax No. (<i>include area code</i>)	

Language

Yes No

<input type="checkbox"/>	<input type="checkbox"/>	Do you speak English?	}	If neither, what language(s) do you speak?
<input type="checkbox"/>	<input type="checkbox"/>	Do you speak French?		_____
<input type="checkbox"/>	<input type="checkbox"/>	Do you request that services be provided to you in French?		
<input type="checkbox"/>	<input type="checkbox"/>	Does/do your child(ren) speak English?	}	If neither, what language(s) does/do the child(ren) speak?
<input type="checkbox"/>	<input type="checkbox"/>	Does/do your child(ren) speak French?		_____
<input type="checkbox"/>	<input type="checkbox"/>	Do you request that services be provided in French for your child(ren)?		

Please note that The Children’s Lawyer provides services in English and French only. The Children’s Lawyer is unable to provide interpreters for anyone other than the child(ren). If you require an interpreter to communicate with the lawyer/clinical investigator assigned by us to the case, you will need to provide the interpreter yourself. The Children’s Lawyer will pay for the cost of an interpreter to speak with the child(ren).

Section IV Information About The Other Party

Name (<i>last, first name</i>)		Previous Name (if any) (<i>last, first name</i>)	
Date of Birth (<i>yyyy/mm/dd</i>)			
Place of Birth City/Town		Province	Country
Address			
Unit/Apt No.	Street No.	Street Name	
City/Town		Province	Postal Code
Telephone No. (<i>include area code</i>)			
Home		Work ext.	Cell
Lawyer’s Name (<i>last, first name</i>)		Name of Firm	
Address			
Unit/Apt No.	Street No.	Street Name	
City/Town		Province	Postal Code
Telephone No. (<i>include area code</i>) ext.		Fax No. (<i>include area code</i>)	

Language

Yes No

<input type="checkbox"/>	<input type="checkbox"/>	Does the other party speak English?	}	If neither, what language(s) does he/she speak?
<input type="checkbox"/>	<input type="checkbox"/>	Does the other party speak French?		_____

Section V Some General Questions

1. What is your relationship to the child(ren)?

- Parent ▶ Father Mother
 Other, please specify _____

2. What **was** your relationship to the other party in this proceeding?

- Married
 Lived together but not married
 Never lived together
 Other, please specify _____

3. When did you first begin your relationship? (yyyy/mm/dd) ▶ _____

4. If you were married or lived together, what is the date of separation? (yyyy/mm/dd) ▶ _____

5. What is your **current** relationship to the other party in this proceeding?

- Divorced
 Separated
 Never lived together
 Other, please specify _____

6. Currently, are you and the other party living in the same house?

- Yes No

7. Who currently lives with you and what is their relationship to you?

Full Name	Relationship
1. _____	_____
2. _____	_____
3. _____	_____

Section VI Information About The Legal Proceedings

(To be completed with the assistance of your lawyer, or by you if self-represented)

1. I am asking the court to make the following orders:

- | | |
|-------------------------------------------------------------------------------------------|-----------------------------------------------------|
| <input type="checkbox"/> sole custody of the child(ren) | <input type="checkbox"/> supervised access to |
| <input type="checkbox"/> joint and/or shared custody of the child(ren) | <input type="checkbox"/> Applicant |
| <input type="checkbox"/> access to the child(ren), please specify ▼ | <input type="checkbox"/> Respondent |
| _____ | <input type="checkbox"/> no access to |
| <input type="checkbox"/> restraining order | <input type="checkbox"/> Applicant |
| <input type="checkbox"/> contempt order | <input type="checkbox"/> Respondent |
| <input type="checkbox"/> child support | <input type="checkbox"/> non-removal order |
| <input type="checkbox"/> termination of support arrears | <input type="checkbox"/> spousal support |
| <input type="checkbox"/> exclusive possession of matrimonial home | <input type="checkbox"/> variation of child support |
| <input type="checkbox"/> an assessment under s.30 of the <i>Children’s Law Reform Act</i> | <input type="checkbox"/> division of property |
| <input type="checkbox"/> mediation under s.31 of the <i>Children’s Law Reform Act</i> | <input type="checkbox"/> Other, please specify ▼ |
| | _____ |

2. When is the next court appearance? (yyyy/mm/dd) ▶ _____

3. What is the nature of the next court appearance?

- case conference settlement conference motion
 trial management conference trial

Section VII

Information About The Children

(If there are more than two children, please attach additional pages)

Child #1

Last Name	First Name	Middle Initial
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Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth (yyyy/mm/dd)
-------------------------------------------------------------------------	----------------------------

Name of Daycare/School	Grade
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Address of Daycare/School		
Unit No.	Street No.	Street Name

City/Town	Province	Postal Code
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Telephone No. <i>(include area code)</i>	Name of Daycare Provider/Teacher <i>(last, first name)</i>
------------------------------------------	------------------------------------------------------------

Does the child have any special health/education needs?

Yes No

If yes, what are they?

Provide the following information about any health/educational professionals who are involved with this child (for example, doctor, counsellor, psychologist, psychiatrist).

Professional #1

Type of Professional	Name <i>(last, first name)</i>
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Address		
Unit/Apt No.	Street No.	Street Name

City/Town	Province	Postal Code
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Telephone No. <i>(include area code)</i> ext.	Fax No. <i>(include area code)</i>
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Professional #2

Type of Professional	Name <i>(last, first name)</i>
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Address		
Unit/Apt No.	Street No.	Street Name

City/Town	Province	Postal Code
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Telephone No. <i>(include area code)</i> ext.	Fax No. <i>(include area code)</i>
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Intake Form – Custody/Access Cases under the *Divorce Act* and/or the *Children’s Law Reform Act*

Child #2

Last Name	First Name	Middle Initial
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth (<i>yyyy/mm/dd</i>)	
Name of Daycare/School		Grade
Address of Daycare/School		
Unit No.	Street No.	Street Name
City/Town		Province
Telephone No. (<i>include area code</i>)		Name of Daycare Provider/Teacher (<i>last, first name</i>)
Does the child have any special health/education needs? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, what are they?		

Provide the following information about any health/educational professionals who are involved with this child (for example, doctor, counsellor, psychologist, psychiatrist).

Professional #1

Type of Professional	Name (<i>last, first name</i>)	
Address		
Unit/Apt No.	Street No.	Street Name
City/Town		Province
Telephone No. (<i>include area code</i>)		Fax No. (<i>include area code</i>)
ext.		

Professional #2

Type of Professional	Name (<i>last, first name</i>)	
Address		
Unit/Apt No.	Street No.	Street Name
City/Town		Province
Telephone No. (<i>include area code</i>)		Fax No. (<i>include area code</i>)
ext.		

Section VIII **Custody/Access Arrangements**

1. Has the court made any custody/access orders about your child(ren)?

- Yes No

If yes, please include a copy of the most recent custody/access Order(s) with your Intake Form.

2. Describe the current custody/access arrangements for each child:

2.1 Who does/do the child(ren) currently live with?

2.2 Has/Have the child(ren) lived with the same party since separation?

- Yes No

If no, provide details about the previous arrangements and why they were changed.

2.3 Who has custody of the children (i.e., who has the right to make decisions on issues such as health and education)?

2.4 Does the other party have visits with (access to) the child(ren)?

2.5 What is the current access schedule?

2.6 If the child(ren) does/do not have any access to one of the parties, explain why.

Intake Form – Custody/Access Cases under the *Divorce Act* and/or the *Children's Law Reform Act*

2.7 Has/Have the child(ren) had the same access schedule since separation?

Yes No

If no, provide details about the previous arrangements and why they were changed.

3. Describe any concerns you have about the current custody and access arrangements.

4. Describe the custody/access arrangements you would like to see for the child(ren).

5. Are you planning on moving away from your current town/city with the child(ren)?

Yes No

If yes, have you raised the proposed move in your court documents?

Yes No

6. How do you think we can help your child(ren)?

7. What efforts have been made to settle this case (i.e., settlement meetings, mediation)?

8. Describe your ability to communicate with the other party about the child(ren):

- Not at all Some of the time Most of the time
 Through a Third Party In writing only (through e-mail, letters or log book)
 Other, please specify ► _____

Section IX Children’s Aid Society Involvement

1. Has the Children’s Aid Society ever been involved with you or your children?

- Yes No

If yes, concerning whom?

2. What were the concerns of the Children’s Aid Society?

- Neglect Physical Abuse Sexual Abuse
 Emotional/Psychological Abuse Adult Conflict Domestic Violence
 Parent/Teen Conflict Other, please specify ► _____

3. Provide the contact information for the Children’s Aid Society if you have any current or previous involvement with the Society.

Name of Society

Name of Worker (<i>last, first name</i>)		Telephone No. (<i>include area code</i>) ext.	Fax No. (<i>include area code</i>)
Address			
Unit/Apt No.	Street No.	Street Name	
City/Town	Province	Postal Code	

Please include copies of any current Court Orders, current agreements with the Children’s Aid Society and any letters outlining the results of their investigations.

Current Involvement of the Children’s Aid Society

4. Is the Children’s Aid Society currently involved with your family?

- Yes No

If yes, ▼

How are they involved?

- currently investigating a child protection concern
 currently working voluntarily with the family
 currently working voluntarily with a signed Voluntary Service Agreement
 there is a child protection proceeding before the court

When did the Children’s Aid Society begin their involvement? (yyyy/mm/dd)

5. Are any of your children currently living in the care of the Children’s Aid Society (i.e., in a foster home or group home)?

- Yes No

If yes, ▼

Name of child(ren) (*last, first name*)

Are they in the care of the Children’s Aid Society under a:

- Temporary Care Agreement
 Court Order
 Kinship Arrangement

When was your child placed in the care of the Society? (yyyy/mm/dd)

Previous Involvement of the Children’s Aid Society

(Do not include information about the current involvement of the Society in this section.)

6. Has the Children’s Aid Society been previously involved with you or your children?

- Yes No

If yes, ▼

7. Has your case been opened more than once?

- Yes No

8. Date of first involvement (yyyy/mm/dd)

Date last involvement ended (yyyy/mm/dd)

9. Type of prior involvement:

- Investigation of a child protection concern
 Voluntary involvement with the family
 A signed Voluntary Services Agreement
 Court Ordered Supervision Order
 Child placed in the care of the Society under a Temporary Care Agreement
 Child placed in the care of the Society under a Court Order
-

Section X Children’s Aid Society, Release of Information

Do you agree that the Children’s Aid Society release information about yourself and the children to us?

Yes No

If yes, complete the following ▼

I, _____, authorize _____ to
(first, last name) *(Name of Children’s Aid Society)*

provide information about me and my children _____
(Names of Children)

to The Children’s Lawyer and this shall be your good and sufficient authority for so doing. Specifically, I authorize the following questions be answered:

1. Is there an active child protection investigation involving this family underway now?
2. Are you involved with the family on a voluntary basis?
3. Are there child protection proceedings before the Court involving this family now?
4. Are any of the children in the care of the Society and if so, under what arrangement?
5. Have the children in this family been referred to The Children’s Lawyer for ADR?

I authorize The Children’s Lawyer to collect, use and disclose all such information obtained for the purpose of determining whether or not The Children’s Lawyer will provide services for the child(ren).

Signature	Date (yyyy/mm/dd)
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Note: This release is used for the purpose of the intake process. If The Children’s Lawyer accepts your file, you will be asked to sign additional releases to allow The Children’s Lawyer to get the required information.

Section XI Violence/Abuse

Yes No

1. Was there violence/abuse between you and the other party?
 2. Was the other party violent/abusive towards you?

If yes to question 1 or 2, ▼

When did this occur?

- While you were together Since separation Currently

Type of violence:

- Physical Emotional/Psychological Verbal
 Sexual Other, please specify ► _____

3. Were you injured?
 4. Was the other party injured?

If yes to question 3 and/or 4, please describe:

5. Have you ever been stalked/followed/threatened by the other party?
 6. Are you afraid of the other party?
 7. Were the child(ren) aware of the violence/abuse?
 8. Was there violence/abuse against the child(ren)?

If yes, by whom? ► _____

Describe the violence against the children:

Did you tell the Children’s Aid Society about the violence/abuse to the child(ren) described above?

- Yes No

Section XII Police Involvement

Before we can make a decision on the file, please note that we require copies of current:

- **restraining orders**
- **probation orders**
- **peace bonds**
- **bail conditions**

Yes No

1. Have the police ever been involved with you?
 2. Have the police ever been involved with the other party?

If yes to question 1 or 2, indicate which police services

- Municipal OPP RCMP } Specify the location of the police force: ▼

Restraining Orders

3. Has a court ever made a restraining order against you?

If yes, ▼

When was the restraining order made? (yyyy/mm/dd) | When does/did it expire? (yyyy/mm/dd)

If the restraining order has not expired, please include a copy of the restraining order.

Intake Form – Custody/Access Cases under the *Divorce Act* and/or the *Children’s Law Reform Act*

Yes No

4. Has the court made a restraining order against the other party?

If yes, ▼

When was the restraining order made? (yyyy/mm/dd)

When does/did it expire? (yyyy/mm/dd)

What is the other party restrained from doing?

Current Bail Conditions

5. Are you currently subject to any bail conditions?

If yes, attach a copy of your bail conditions.

6. Is the other party subject to any current bail conditions?

If yes, provide details:

Criminal Convictions

7. Have you been convicted of a criminal offence, for which you have not been pardoned?

If yes, list the convictions: ▼

Are you currently on probation?

Yes

No

If yes, attach a copy of your probation order.

8. Do you know if the other party has been convicted of a criminal offence?

If yes, list the convictions: ▼

Is the other party currently on probation?

Yes

No

If yes, list any conditions that you are aware of in their probation order: ▼

Peace Bonds

9. Are you currently subject to a peace bond?

If yes, attach a copy of your peace bond.

10. Is the other party subject to a peace bond?

If yes, what are the conditions of the peace bond?

Additional Information

11. Is there any other information about the involvement of the police that you want us to know?

Section XIII Health Issues

Yes No

Mental Health

1. Do you have any mental health issues?
If yes, provide details: ▼

Have you received a diagnosis?

- Yes No If yes, provide details: ▼

Have you received any treatment for these issues? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of Mental Health Professional
Type of treatment <input type="checkbox"/> Doctor/Psychiatrist/Psychologist <input type="checkbox"/> Counsellor/Therapist <input type="checkbox"/> Hospital <input type="checkbox"/> Other, please specify	Telephone No. (include area code) ext.
	Address

2. Does the other party have a mental health issue?
If yes, provide details about the mental health issue:

-
3. Did the mental health issues cause problems in your relationship with the other party or the child(ren)?

Physical Health

4. Are there any physical health issues that are important to the custody/access proceedings?
-

Intake Form – Custody/Access Cases under the *Divorce Act* and/or the *Children’s Law Reform Act*

Yes No

Substance Abuse

- 5. Have you ever had a problem with substance abuse?
If yes, ▼
Specify the type of substance abuse:
 Alcohol abuse
 Drug abuse Specify type of drugs _____
 Other, please specify _____
Provide details of any treatment you have received:

- 6. Has the other party ever had a problem with substance abuse?
If yes, ▼
Specify the type of substance abuse:
 Alcohol abuse
 Drug abuse Specify type of drugs _____
 Other, please specify _____

- 7. Did the substance abuse issues cause problems in your relationship with the other party or the child(ren)?

Section XIV Required Enclosures

IMPORTANT: Have you included the following information with your Intake Form?

- Copies of any completed **Custody and Access Assessments** (Section I)
- Current Court Orders about Custody and Access** (Section VIII)
- Copies of any **current Court Orders, current agreements with the Children’s Aid Society or letters outlining the results of their investigations** (Section IX)
- Copies of any **current Restraining Orders, Probation Orders, Peace Bonds and Bail Conditions** (Section XII)
- A copy of the **Court Order appointing The Children’s Lawyer in your matter**

If you have not included these documents, we may not be able to review your Intake Form. Please ensure that all of these documents, if they exist, are attached to your Intake Form.

I certify that I have reviewed the above information and that I believe it to be accurate.	
Signature of Party	Date (yyyy/mm/dd)

PLEASE MAKE SURE THAT YOU, NOT YOUR LAWYER, SIGN AND DATE THE FORM.