

Court File Number

.....
 (Name of court)
 at
 (Court address)

Form 35.1A: Affidavit (child protection information)

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).

My name is (full legal name)

I live in: (name of city, town or municipality and province, state or country if outside of Ontario)

I swear/affirm that the following is true:

1. I am currently or I have been involved in the following child protection court cases: (attach a copy of any relevant court orders or endorsements you have)

Names of people involved in the case	Name of children's aid society	Court location	Court orders made (include dates of orders)

2. I have been involved with child protection services in the following way:

Names of other people involved	Name of children's aid society	Location of children's aid society	Child protection service(s) (include dates of any agreements or other measures)

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3. To the best of my knowledge, the other party and/or the children in this case have been involved in the following child protection court cases:

Names of people involved in the case	Name of children's aid society	Court location	Court orders made <i>(include dates of orders)</i>

4. To the best of my knowledge, the other party and/or the children in this case have been involved with child protection services in the following way:

Names of people involved	Name of children's aid society	Location of children's aid society	Child protection service(s) <i>(include dates of any agreements or other measures)</i>

Sworn/Affirmed before me at _____
Municipality

in _____
province, state, or country

on _____
Date

Commissioner for taking affidavits
(Type or print name below if signature is illegible.)

Signature
(This form is to be signed in front of a lawyer, justice of the peace, notary public or commissioner for taking affidavits.)