

The Court has asked the Office of the Children's Lawyer (OCL) to provide a Clinician to interview your child, to help the Judge decide your case. Your answers will help the OCL decide whether it can help, and if accepted, how to provide services to your child(ren).

Section 1 - Jurisdiction

Where is the Court? (city/town/region)

The Children's Lawyer requires that you and the child(ren) go to interviews and other meetings in the same region as the Court that is dealing with your decision making/ parenting time/ contact case.

In order to consider the Court's request, we need you to **agree** to go to those interviews and/or meetings in the same region where the Court proceedings are taking place. Please sign below to show that you agree to do this.

I, *(Enter your full name below)*

agree to attend interviews and meetings and to bring the child(ren) if required in the same region in which the Court is located **if** my case is accepted by the Office of the Children's Lawyer.

Signature	Date (mm/dd/yyyy)

Note that your lawyer is NOT permitted to sign this condition on your behalf.

Section 2 - Tell us about the child(ren)

Provide the names and dates of birth for only the child(ren) named on the Voice of the Child Order/ Endorsement:

First Name	Middle Name	Last Name	Date of Birth (mm/dd/yyyy)

Is/are the child(ren) or any family member First Nations, Inuk or Metis (FNIM) ? ☐ Yes ☐ No

If yes, please provide details about the family's band/community:

The child(ren) require(s) services in:

- ☐ English
☐ French
☐ Other (Please specify):

Does/ do any of the child(ren) have any special emotional, psychological, educational or physical needs?

- ☐ Yes
☐ No
☐ I don't know

If yes, please give details:

Section 3 - Tell us about yourself

Your full legal name:

First Name

Middle Name

Last Name

Maiden/ Previous names used:

Your date of birth (mm/dd/yyyy):

You are the:

- ☐ Applicant (in the case before the Court).
☐ Respondent (in the case before the Court).

Your relationship to the child(ren):

- ☐ Mother
☐ Father
☐ Other (Please specify):

Current address (including postal code):

Telephone numbers where we can reach you:

Do you require services in French?

- ☐ Yes
☐ No

NOTE: The OCL provides services in French and English only and will arrange for an interpreter for the children, but you must arrange your own interpreter if you cannot speak either French or English.

Your lawyer's name and address:

Your lawyer's phone number:

Your lawyer's fax number:

Section 4 - Tell us about the other party

Full legal name:

First Name

Middle Name

Last Name

Maiden/ Previous names used:

Date of birth (dd/mm/yyyy):

The other party is the:

- ☐ Applicant (in the case before the Court).
☐ Respondent (in the case before the Court).

The other party's relationship to the child(ren):

- ☐ Mother
☐ Father
☐ Other (Please specify):

Other party's current address (including postal code):

The other party's phone number(s):

Section 5 - Tell us about your relationship with the other party listed in section 4

What is your **current** relationship to the other party in this case? (Select one)

- ☐ Married
☐ Divorced
☐ Separated
☐ Never lived together
☐ Other (Please specify):

When did you start your relationship?

When did you separate?

How long has this case been before the Courts?

Have you, any other party or the child(ren) ever been involved with the Office of the Children's Lawyer or underwent a Section 30 assessment?

- ☐ Yes
☐ No

If yes, who was involved?

If yes, when were they involved?

Section 6 - Tell us about the current Court proceedings

What is the children's **current** living and visiting arrangement?

Select any concerns you have about the children's **current** living and visiting arrangements:

- ☐ Mental Health
- ☐ Domestic Violence
- ☐ Substance Abuse
- ☐ Previous/Pending criminal charges
- ☐ Other (*Please specify below*)

Please specify concerns:

Section 7 - Tell us about police or CAS involvement

Are there criminal charges against a party where the child might have to testify in criminal Court?

Are there any restrictions either through child protective services or criminal proceedings, between a party and the child(ren)?

Section 8 - Tell us about what you are seeking

Why do **you** want a Voice of the Child Report?

Do you think that this report will help settle the parenting dispute?

- ☐ Yes
- ☐ No

By signing and dating below, I certify that I have reviewed the contents of this form and that the information is accurate and to the best of my knowledge and if this referral is accepted. I also agree for the children identified herein, to participate in this process, and for the information to be filed with the Court

Signature	Date (mm/dd/yyyy)