

(Name of court)

at

Court office address

**Form 34M.1: Consent to
Openness Order under s. 196
or s. 197 of the *Child, Youth
and Family Services Act, 2017***

Applicant

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) (Persons entitled to notice.)

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 of Children's Lawyer's agent for service (street & number, municipality, postal code, telephone & fax numbers and e-mail address (if any)) and name of person represented.

THE CHILD

Child's Full Legal Name	Birthdate	Sex	Is the Child First Nations, Inuit, or Métis?	Child's Bands or First Nations, Inuit, or Métis Communities

Extended Society Care Order:

Court File Number	Court Office Address	Name of Judge	Date of Order
Details of Order			

The parties and the child, if the child is 12 years of age or older, agree to the following:

1. The openness order is in the best interests of the child for the following reasons:

5. For the reasons set out above, we ask the court to make the following order: *(Provide details of openness order.)*

Name of children's aid society representative and position within the children's aid society:

CONSENTS

Date

Applicant's signature

Witness' signature

Date

Respondent's signature

Witness' signature

If applicable, children's aid society that will supervise or participate in the arrangement under the openness order:

Date

Respondent's signature

Witness' signature

CHILD'S CONSENT

If child is 12 years of age or older:

Date

Child's signature

Witness' signature