



Language Preference

The CFSRB offers services in both French and English.

What is your preferred language? French English

If you are the Respondent and want French Language Services, complete the [Request for French Language Services](#) and send it by email or mail to the CFSRB at CFSRB@ontario.ca.

About this Form

Use this Application form to ask for:

1. a review of a written notice to refuse your adoption application
OR

2. a review of a written notice to remove a child who has been placed with you for adoption

The Application must be filed by the person who received the written notice. The Application must be filed with the Child and Family Services Review Board (CFSRB) within 10 days of receiving the written notice.

This Application is made under section 192 of the [Child, Youth and Family Services Act, 2017](#).

Instructions

1. Complete all sections of the form.
2. Sign and date the form.
3. Deliver the form:

By Email: CFSRB@ontario.ca

By Fax: 416-327-0558

By Mail/In Person: Tribunals Ontario
Child and Family Services Review Board
15 Grosvenor Street, Ground Floor
Toronto, ON M7A 2G6

For more information, call 416-327-0111 or toll-free 1-888-777-3616.



1. Applicant Information

Last Name		First Name	
Address (Number and Street)			Suite/Unit/Apt.
City/Town		Province	Postal Code
Telephone (Day)	Telephone (Evening)	Fax	
Email *			

2. Child Information

Last Name	First Name	Date of Birth (yyyy/mm/dd)
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The child's Band, First Nations, Inuit or Métis community(ies) is entitled to notice of this Application. To the best of your knowledge, please complete the information below.

Name of Band, First Nations, Inuit or Métis Community (if applicable)	Telephone		
Contact Person	Email		
Address	City/Town	Province	Postal Code

3. Representative Information

Complete this section only if you are authorizing a lawyer or another representative to act for you. If you have a representative, the CFSRB will communicate with your representative. Review the [Practice Direction on Representation](#).

I authorize the named person and/or organization to represent me.

My representative is:

A lawyer Law Society # _____ A paralegal Law Society # _____
 Other (Please describe. For example, mother, father, friend) _____

Last Name	First Name	Organization (if applicable)	
Address (Number and Street)		Suite/Unit/Apt.	
City/Town		Province	Postal Code
Telephone	Fax	Email *	

* Providing your email address means you agree the CFSRB can email you instead of using mail or fax.

4. Which children's aid society or adoption licensee made the decision?

Children's Aid Society Name / Adoption Licensee Name	Telephone		
Address	City/Town	Province	Postal Code

5. When did you receive the written notice? Attach a copy of the written notice.

Date (yyyy/mm/dd) _____

I have attached a copy of the written notice.

6. Information about Adoption

a. Is this Application about a refusal of an application to adopt, or about the removal of a child who was placed for adoption?

Refusal of an application to adopt

Removal of a child who was placed for adoption

b. If the Application is about a refusal, was the child available for adoption? Yes No

c. When was the application for adoption made to the Society? (yyyy/mm/dd) _____

d. What is your relationship to the child? _____

7. Explain why you disagree with the decision you are asking the CFSRB to review. Be as specific as possible. Use the space below and attach additional pages if necessary.

8. Accessibility and Accommodation

Tell us if you need any of the following at the hearing:

- Interpreter No Yes
Language _____ Dialect _____
- Sign Language Interpreter No Yes
- Wheelchair Access No Yes
- Other (*Please specify*) _____

For more information on accessibility and accommodation, visit our [website](#).

9. Applicant Signature

Signature

Date (yyyy/mm/dd)

Please check this box if you are filing your Application electronically. This represents your signature. You must fill out the date above.

Notice Regarding the Collection of Personal Information

The Child and Family Services Review Board (CFSRB) collects the personal information requested on this form for the purpose of conducting a review under section 192 of the [Child, Youth and Family Services Act, 2017](#). It will be shared with the parties to the Application. Copies of all documents filed with the CFSRB which relate to the Application will also be shared with the parties to the Application.

The CFSRB posts a redacted version of its decisions on the website of the Canadian Legal Information Institute (www.canlii.org).