Application for Review of an Adoption Refusal FORM 3

Disponible en français

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Language Preference							
The CFSRB offers services in both French and English.							
What is your preferred language?							
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							

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

OR

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

By Email: <u>CFSRB@ontario.ca</u>

By Fax: 416-327-0558

By Mail/In Person: Tribunals Ontario

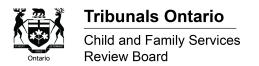
Child and Family Services Review Board

15 Grosvenor Street, Ground Floor

Toronto, ON M7A 2G6

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

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							<u>'</u>		
1. Applicant Information									
Last Name			F	First Name					
Address (Number and Street)							Suite	/Uni	t/Apt.
City/Town				Province				Postal Code	
Telephone (Day) Telephone (Evening) Fax					
Email *									
2. Child Information									
Last Name First Name					Date of	Date of Birth (yyyy/mm/dd)			
The child's Band, First Nati your knowledge, please co			• (es) is entitle	ed to not	ice of this	Applicatio	on	Γo the best of
Name of Band, First Nation	ıs, Inuit or	Métis Communi	ity (if a	applicable)		Telephone			
Contact Person				Email	<u> </u>				
Address				City/Town			Province	е	Postal Code
3. Representative Inform	ation								
Complete this section only representative, the CFSRB Representation.									
☐ I authorize the name	d person a	and/or organizat	ion to	represent	me.				
My representative is:									
☐ A lawyer Law Soc				A paralega	l Law	Society #			
Other (Please describ	i	•	er, me		l				
Last Name		First Name			Organiz	zation <i>(if ap</i>	plicable)		
Address (Number and Stre	eet)						Suite/Ur	nit/A	pt.
City/Town						Province	e e	Pos	stal Code
Telephone	Fax		Ema	il *					
* Providing your email addr	ess mean	s you agree the	CFSF	RB can ema	ail you ir	nstead of u	sing mail	or fa	ax.
4. Which children's aid s	ociety or	adoption licens	see m	ade the de	cision?	•			
Children's Aid Society Name / Adoption Licensee Name						Telephone			
Address				City/Town			Province	е	Postal Code

5.	When did you receive the written notice? Attach a copy of the written notice.
Da	ate (yyyy/mm/dd)
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?
	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.

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8. Accessibility and Accommodation	n							
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 <u>Child, Youth and Family Services Act, 2017</u>. 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).

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