

Ministry of the Attorney General  
Office of the Children's Lawyer  
393 University Avenue  
14<sup>th</sup> Floor  
Toronto, ON M5G 1W9  
Telephone: 416-314-8000  
Facsimile: 416-314-8050



Intake Form: OCL0050 (08/01)  
Custody/Access Cases under  
the Divorce Act and/or  
The Children's Law Reform Act

**Please Read This Page Before You Fill Out This Form**

1. You **must** fill out this Intake Form, but only if a Judge has signed a Court Order requesting the Office of the Children's Lawyer to provide services on behalf of the child(ren).
2. Please return the completed form to us, dated and signed, **within ten days** of the date of the Court Order. You can mail or fax it to us. Our address and fax number are at the top, left-hand side of this page. If we do not receive this form within ten days of the Court Order, we may close our file.
3. The information you give us is important. It helps us to decide whether the Office of the Children's Lawyer should become involved in your case.
4. Both you and the other party must each fill out a copy of the Intake Form. The words "other party" can mean your married or common law husband or wife, step parents, grandparents, or other interested persons who are claiming custody of and/or access to the child(ren).
5. If a lawyer represents you, please talk with your lawyer before you fill out this form. He or she can provide you with assistance. **Section XI of this Intake Form should be completed with the assistance of your lawyer.** If you do not have a lawyer, please fill out this page to the best of your ability.
6. If you do not know the answer to a question, please write 'DNK' (do not know) in the space provided. Please do not leave any space blank.
7. If you cannot get the information that we are asking you for, or if it does not apply to you, please write "N/A" (not applicable/available) in the space provided. Again, please, do not leave any space blank.
8. We will let your lawyer (or yourself, if self-represented) know as soon as we can about whether we will become involved in your case for the child(ren). If we become involved, we may assign a lawyer, a clinical investigator, or both.
9. Please note that the Office of the Children's Lawyer, ("OCL") is unable to provide interpreters for parties. If you require an interpreter to communicate with the lawyer and/or clinical investigator assigned by us to the case, you will need to provide the interpreter yourself. The OCL will cover the cost of interpreter services to speak with the child(ren).

The information in this form is subject to the Ontario Government's Freedom of Information and Protection of Privacy Act. The Office of the Children's Lawyer ("OCL") will use the information to decide whether to become involved in your case. The information will also be used in the delivery of our professional services for the child(ren). Therefore, the information you provide in this form is **not** confidential. Please note, however, that the OCL will **not** provide the other party(ies) with a copy of this form.

**SECTION I: GENERAL INFORMATION**

1.	Has the Office of the Children’s Lawyer ever been involved with you, the other party and/or the child(ren)?	Yes	No
	If yes, when?	_____ (DD/MM/YY)	
2.	What was the name of the lawyer and/or clinical investigator who was involved with your case?	_____	
3.	What was the result?	_____	

**SECTION II: INFORMATION ABOUT YOURSELF**

Name	_____
Date of Birth	_____ (DD/MM/YY)
Place of Birth (city, town, country)	_____
Date of Arrival in Canada	_____ (DD/MM/YY)
Address	_____
Telephone Number	_____ / _____ (Home) (Work)
Previous Name (if any)	_____
<b>If you live outside the jurisdiction/area of the court, the Office of the Children’s Lawyer requires that you and the children attend in the jurisdiction/area of the court to participate in our services. Your signature is required below to indicate your agreement to this condition.</b>	
	_____ (Please Sign Here)
Your Lawyer’s Name	_____
Firm	_____
Address	_____
Telephone/Fax Number	_____ / _____ (Phone) (Fax)

Are you employed?	Yes	No
If yes, what is your occupation?	_____	
If yes, what is your annual income?	\$ _____	
If yes, what is the name of the business?	_____	
What is the address?	_____	
May we telephone you at work?	Yes	No
Do you speak English?	Yes	No
Do you speak French?	Yes	No
Does/do the child(ren) speak English?	Yes	No
Does/do the child(ren) speak French?	Yes	No
If neither, what language(s) do you speak?	_____	
What language(s) does/do the child(ren) speak?	_____	

**SECTION III: INFORMATION ABOUT THE OTHER PARTY**

Name	_____
Date of Birth	_____ (DD/MM/YY)
Place of Birth (city, town, country)	_____
Date of Arrival in Canada	_____ (DD/MM/YY)
Address	_____
Telephone Number	_____ / _____ (Home) (Work)
Previous Name (if any)	_____
Lawyer's Name	_____
Firm	_____
Address	_____
Telephone/Fax Number	_____ / _____ (Phone) (Fax)
Is the other party employed?	Yes No

If yes, what is his/her occupation? \_\_\_\_\_

If yes, what is his/her annual income? \$ \_\_\_\_\_

If yes, what is the name of the business? \_\_\_\_\_

What is the address? \_\_\_\_\_

Does the other party speak English?      Yes              No

Does the other party speak French?      Yes              No

If neither, what language(s)  
does the other party speak? \_\_\_\_\_

#### SECTION IV: SOME GENERAL QUESTIONS

1.      What is your relationship to the child(ren)?
  - Mother
  - Father
  - Maternal Grandmother
  - Maternal Grandfather
  - Paternal Grandmother
  - Paternal Grandfather
  - Other, please specify
  
2.      I am
  - Applicant/Petitioner
  - Respondent/Defendant
  
3.      What is your relationship status to the other party in this proceeding?
  - Separated
  - Divorced
  - Common Law
  - Never Lived Together
  - Other, please specify
  
4.      When did this relationship begin? \_\_\_\_\_  

(DD/MM/YY)
  
5.      When did this relationship end? \_\_\_\_\_  

(DD/MM/YY)
  
6.      Presently, are you and the other party living in the same household?      Yes              No
7.      Has there been a separation agreement (If yes, please attach copy)      Yes              No
8.      Presently, who resides in your household? \_\_\_\_\_

**SECTION V: INFORMATION ABOUT THE CHILDREN**

*(If there are more than three children, please attach additional pages)*

Name of Child #1 \_\_\_\_\_

- Male
- Female

Date of Birth \_\_\_\_\_  
(DD/MM/YY)

Name of Daycare/School \_\_\_\_\_

Grade \_\_\_\_\_

Address of Daycare/School \_\_\_\_\_

Phone Number of Daycare/School \_\_\_\_\_

Name of Daycare Provider/Teacher \_\_\_\_\_

Does this child have any special health/education needs? Yes      No

If yes, what are they? \_\_\_\_\_  
\_\_\_\_\_

Please provide the following information about any health/educational professionals who are involved with this child. (example: doctor, counsellor, psychologist, psychiatrist)

Type of Professional \_\_\_\_\_ Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Phone \_\_\_\_\_

Type of Professional \_\_\_\_\_ Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Phone \_\_\_\_\_

Name of Child #2 \_\_\_\_\_

- Male
- Female

Date of Birth \_\_\_\_\_  
(DD/MM/YY)

Name of Daycare/School \_\_\_\_\_

Grade \_\_\_\_\_

Address of Daycare/School \_\_\_\_\_

Phone Number of Daycare/School \_\_\_\_\_

Name of Daycare Provider/Teacher \_\_\_\_\_

Does this child have any special health/education needs? Yes      No

If yes, what are they? \_\_\_\_\_  
\_\_\_\_\_

Please provide the following information about any health/educational professionals who are involved with this child. (example: doctor, counsellor, psychologist, psychiatrist)

Type of Professional \_\_\_\_\_ Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Phone \_\_\_\_\_

Type of Professional \_\_\_\_\_ Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Phone \_\_\_\_\_

Name of Child #3 \_\_\_\_\_

- Male
- Female

Date of Birth \_\_\_\_\_  
(DD/MM/YY)

Name of Daycare/School \_\_\_\_\_

Grade \_\_\_\_\_

Address of Daycare/School \_\_\_\_\_

Phone Number of Daycare/School \_\_\_\_\_

Name of Daycare Provider/Teacher \_\_\_\_\_

Does this child have any special health/education needs? Yes      No

If yes, what are they? \_\_\_\_\_  
\_\_\_\_\_

Please provide the following information about any health/educational professionals who are involved with this child. (example: doctor, counsellor, psychologist, psychiatrist)

Type of Professional \_\_\_\_\_ Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Phone \_\_\_\_\_

Type of Professional \_\_\_\_\_ Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Phone \_\_\_\_\_



**SECTION VII: CHILDREN'S AID SOCIETY INVOLVEMENT**

1. Has any Children's Aid Society ever been involved with your immediate family?

Yes                      No

If yes, concerning whom? \_\_\_\_\_

If yes, which Children's Aid Society(ies)?

Name of Society \_\_\_\_\_

Name of Worker \_\_\_\_\_

Telephone Number \_\_\_\_\_

Address \_\_\_\_\_

What were the concerns of the Children's Aid Society?

- Neglect
- Physical Abuse
- Sexual Abuse
- Emotional/Psychological Abuse
- Other, please specify \_\_\_\_\_

Did the Children's Aid Society conduct an investigation?

Yes                      No

If yes, what was the result of their involvement? \_\_\_\_\_

\_\_\_\_\_

Is the Children's Aid Society still involved with your family?

Yes                      No                      If yes, in what capacity are they involved?

- Working voluntarily with the family
- Working with the family under a court or supervision order
- Providing foster or residential care for the child(ren)

Have any of the children been placed in the care of the Children's Aid Society?

Yes                      No                      If yes, when \_\_\_\_\_ If yes, please specify  
(DD/MM/YY)

- Voluntarily
- Under a court order for Society Wardship
- Under a court order for Crown Wardship

**SECTION VII: CHILDREN'S AID SOCIETY, RELEASE OF INFORMATION**

***Do you agree that the Children's Aid Society release information about yourself and the children to us?***

**Yes**

**No**

***If yes, please complete the following.***

I, \_\_\_\_\_, authorize \_\_\_\_\_ to  
(Your Name) (Name of Children's Aid Society)

release to the Office of the Children's Lawyer all information, including records, assessments, documents, and other material about me and the child(ren) \_\_\_\_\_,  
(Names of Children)

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_,

and this shall be your good and sufficient authority for so doing. I authorize the Office of the Children's Lawyer to collect, use and disclose all such information obtained for the purpose of determining whether or not the Children's Lawyer will provide services for the children, and if the Office of the Children's Lawyer does become involved, the said information may also be used and disclosed in the delivery of professional services on behalf of the child(ren).

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature)

**SECTION VIII: VIOLENCE/ABUSE**

1. Was there violence/abuse in your relationship with the other party? Yes No

When did this occur? \_\_\_\_\_  
(DD/MM/YY)

- While you were together
- Since separation
- Currently

If yes, please indicate the type of violence.

- Physical
- Emotional
- Verbal
- Sexual
- Other, please specify

Were you seriously hurt? Yes No

Was the other party seriously hurt? Yes No

Please describe \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Was medical attention required for your injuries? Yes No

Were the police ever called about the other party's violence/abuse? Yes No

Are you afraid of the other party? Yes No

Have you ever been stalked/followed/threatened by the other party? Yes No

Were the child(ren) ever exposed to the violence/abuse? Yes No

Were the child(ren) in the home when the violence/abuse occurred? Yes No

Was there violence/abuse against the children? Yes No

If yes, by whom? \_\_\_\_\_

Please describe the violence against the children.  
\_\_\_\_\_  
\_\_\_\_\_

**SECTION IX: ADDITIONAL INFORMATION**

1. Has a court ever made a restraining order against you or the other party?

Yes            No

If yes, with respect to whom? \_\_\_\_\_

If yes, when? \_\_\_\_\_  
(DD/MM/YY)

2. Have you or the other party ever signed a peace bond?

Yes            No

If yes, with respect to whom? \_\_\_\_\_

If yes, when? \_\_\_\_\_  
(DD/MM/YY)

3. Have the police ever been involved with you or the other party?

Yes            No

If yes, please indicate which police services

- Municipal
- OPP

Please specify the location \_\_\_\_\_

4. Is there any information we should know about criminal charges concerning you or the other party(ies)?

Yes            No

If yes, please provide details below.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. Is there any information about mental health issues and/or drug/alcohol/substance abuse problems concerning **yourself**?

Yes                      No                      If yes, please answer the following.

Type of Problem

- Mental health concerns/problems
- Alcohol abuse
- Drug abuse
- Other, please specify \_\_\_\_\_

Type of Treatment Sought

- Doctor/Psychiatrist/Psychologist
- Counsellor/Therapist
- Hospital
- Treatment Centre
- Follow Up Care (ie. AA, NA, etc.)
- Other, please specify \_\_\_\_\_

Name of Mental Health Professional \_\_\_\_\_

Telephone Number \_\_\_\_\_

Address \_\_\_\_\_

6. Is there any information about mental health issues and/or drug/alcohol/substance abuse problems concerning the **other party(ies)**?

Yes                      No                      If yes, please answer the following.

Type of Problem

- Mental health concerns/problems
- Alcohol abuse
- Drug abuse
- Other, please specify \_\_\_\_\_

Type of Treatment Sought

- Doctor/Psychiatrist/Psychologist
- Counsellor/Therapist
- Hospital
- Treatment Centre
- Follow Up Care (ie. AA, NA, etc.)
- Other, please specify \_\_\_\_\_

Name of Mental Health Professional \_\_\_\_\_

Telephone Number \_\_\_\_\_

Address \_\_\_\_\_

**SECTION X: INFORMATION ABOUT HELPING THE CHILD(REN)**

1. Describe your ability to communicate with the other party(ies) about the child(ren).

- Not at all
- Some of the time
- Most of the time
- Comments, please indicate below

2. Please tell us your concerns about custody of and access to the child(ren).

3. How do you think we can help the children?

**SECTION XI: INFORMATION ABOUT THE LEGAL PROCEEDINGS**

*(To be completed with the assistance of your lawyer, or by the party if self-represented)*

1. My client is/I am asking the court to make the following order(s)

- sole custody of the child(ren)
- joint and/or shared custody of the child(ren)
- access to the children, please specify
  
- supervised access to the child(ren) by
  - applicant
  - respondent
- no access to the child(ren) by
  - applicant
  - respondent
- termination of access to the children by
  - applicant
  - respondent
- restraining order
- non-removal order
- contempt order
- spousal support
- child support
- variation of child support
- termination of support arrears
- exclusive possession of matrimonial home
- division of property
- an assessment under s.30 of The Children’s Law Reform Act
- mediation under s.31 of The Children’s Law Reform Act
- costs
- other, please specify

2. Is there an assessment in progress or has an assessment been completed dealing with parenting issues and/or custody/access to the (clients) child(ren)?

Yes                      No

If yes, please attach copy of assessment.

If yes, when?

\_\_\_\_\_ (DD/MM/YY)

If yes, by whom?

\_\_\_\_\_



**SECTION XII: ADDITIONAL INFORMATION YOU WANT TO SHARE WITH US**

Is there anything else you would like to share with us about the custody/access problems you are facing?

***Be sure to complete all pages, attach all pertinent documents, and sign and date this form below***

I certify that I have reviewed the above information and that I believe it to be accurate.

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of Party)