



# Removal of Crown Ward Child and Family Services Review Board Application

## Child and Family Services Act – Section 61

### IMPORTANT NOTICE

**Please read the information below before completing this application form.**

**If you are a foster parent requesting a review of a children’s aid society written notice of decision proposing to remove a Crown ward who has lived with you continuously for at least two years, you must submit this application form to the Child and Family Services Review Board *within ten (10) days of receiving the notice of decision, in order to be eligible for review by the Board.***

### Instructions

1. Please complete all fields as specified;
2. Sign and date form at the bottom;
3. Fax or mail or deliver the form to the address below:  
 Social Justice Tribunals Ontario  
 Child and Family Services Review Board  
 1075 Bay Street, 7<sup>th</sup> Floor  
 Toronto ON M5S 2B1  
 Telephone: 416 327-4673 or Toll Free: 1 888 728-8823  
 Fax to: 416 327-0558

### 1. General Information

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

### 2. Child Information

Child’s Last Name		First Name	Middle Name
Child’s Date of Birth (yyyy/mm/dd)	Child’s Band or Native Community (if applicable)		

**3. Please explain your reasons for requesting a review by the Child and Family Services Review Board. You must explain what you disagree with in the children’s aid society written notice of decision and why. Be as specific as possible. Use the space below and attach additional pages if necessary.**

**4. Which children's aid society made the decision you have a complaint about?**

Children's Aid Society Name \_\_\_\_\_

Children's Aid Society Address (Number and Street) \_\_\_\_\_

Suite/Unit/Apt. \_\_\_\_\_

City/Town \_\_\_\_\_

Province \_\_\_\_\_

Postal Code \_\_\_\_\_

Children's Aid Society Telephone Number

(     ) \_\_\_\_\_

**5. Please attach a copy of the following document to this form:** Children's Aid Society notice of decision**6. Please state the date you received the children's aid society notice of decision:**

Date notice of decision was received (yyyy/mm/dd) \_\_\_\_\_

**7. If your application is eligible for review by the Child and Family Services Review Board, will you need any of the following services at the hearing?**

- Interpreter  No  Yes Language \_\_\_\_\_ Dialect \_\_\_\_\_
- Sign Language Interpreter  No  Yes
- Wheelchair Access  No  Yes
- Other (Please specify) \_\_\_\_\_

**8. Signature of Applicant (Note: This form must be signed)**

Signature \_\_\_\_\_

Date (yyyy/mm/dd) \_\_\_\_\_

**Notice Regarding the Collection of Personal Information**  
*(Freedom of Information and Protection of Privacy Act)*

The Child and Family Services Review Board collects the personal information requested on this form for the purpose of conducting a review under the legal authority of Section 61 of the *Child and Family Services Act*. It could be shared with participants if a hearing is held. If you have any questions, please contact a Case Coordinator with the Child and Family Services Review Board at 416 327-4673.

The Child and Family Services Review Board does not have the authority to review all children's aid society decisions. The Child and Family Services Review Board will advise you in writing of the reasons if your application cannot be reviewed.

**FOR OFFICE USE ONLY**

File Number \_\_\_\_\_

Date Application Received by the CFSRB \_\_\_\_\_