



Refusal of Adoption Child and Family Services Review Board Application

Child and Family Services Act – Section 144

IMPORTANT NOTICE

Please read the information below before completing this application form.

If you are a foster parent or other person requesting a review of a children’s aid society written notice of decision to refuse your application to adopt a particular child,

OR

If you are a person requesting a review of a children’s aid society or adoption licensee written notice of decision to remove a child who has been placed with you for adoption,

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
 655 Bay Street, 14th Floor
 Toronto ON M7A 2A3
 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 or adoption licensee 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 or adoption licensee 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 ()

Adoption Licensee Name			
Adoption Licensee Address (Number and Street)			Suite/Unit/Apt.
City/Town	Province	Postal Code	Adoption Licensee Telephone Number ()

5. Please attach a copy of the following document to this form:

Children's Aid Society notice of decision; or Adoption Licensee notice of decision

6. Please state the date you received the children's aid society notice of decision or the adoption licensee 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)
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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 144 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
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