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| ONTARIO | | | | | | | | |
|  | | | | | |  | Court File Number | |
| (Name of court) | | | | | | Form 33B.2: Answer (*Child, Youth and Family Services Act, 2017* Cases other than Child Protection and Status Review) | |
| **at** |  | | | | |
|  | Court office address | | | | |
| Applicant(s) | | | | | | | | |
| Full legal name & address for service — street & number, municipality, postal code, telephone & fax numbers and e-mail address (if any). | | | |  | Lawyer’s name & address — street & number, municipality, postal code, telephone & fax numbers and e-mail address (if any). | | | |
|  | | | |  |  | | | |
|  |
| Respondent(s) | | | | | | | | |
| Full legal name & address for service — street & number, municipality, postal code, telephone & fax numbers and e-mail address (if any). | | | |  | Lawyer’s name & address — street & number, municipality, postal code, telephone & fax numbers and e-mail address (if any). | | | |
|  | | | |  |  | | | |
|  |
| Children’s Lawyer | | | | | | | | |
| Name & address for service for Children’s Lawyer’s agent - street & number, municipality, postal code, telephone & fax numbers and e‑mail address (if any) and name of person represented. | | | | | | | | |
|  | | | | | | | | |
| **TO THE APPLICANT(S):** | | | | | | | | |
| (Note to the respondent(s): If you are making a claim against someone who is not an applicant, insert the person’s name and address here.) | | | | | | | | |
| **AND TO:** (full legal name) | |  | | | | | | **, an added respondent,** |
| **of** (address for service of added party) | | | | | | | | |
|  | | | | | | | | |
| (Note to the respondent(s): You must complete, serve, file and update this form if any significant changes regarding the child(ren)occur after you sign this form.) | | | | | | | | |
| I am/We are (full legal name(s)) | | |  | | | | | |
| and I am/we are (state your relationship to the child(ren)) | | | | | | | | |
|  | | | | | | | | |

| Form 33B.2: | | Answer (*Child, Youth and Family Services Act, 2017* Cases other than Child Protection and Status Review) | | | | | (page 2) | | | Court File Number | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | |  | | |
| X | | | | | | | | | | | |
| **1.** | The child(ren) in this case is/are: | | | | | | | | | | |
| **Child’s Full Legal Name** | | | **Birthdate** | **Age** | **Sex** | **Full Legal Name(s) of Parent(s)** | | | **Is the Child First Nations, Inuk, or Métis?** | | **Child’s Bands and First Nations, Inuit, or Métis Communities** | |
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| Form 33B.2: | | | Answer (*Child, Youth and Family Services Act, 2017* Cases other than Child Protection and Status Review) | (page 3) | Court File Number |
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| **2.** |  | I/We agree with the following facts in the application (Form 8B.2 or 34L). (Refer to the numbered paragraph(s) in the application.) | | | |
|  | |  | | | |
|  |  | I/We disagree with the following facts in the application (Form 8B.2 or 34L). *(Refer to the numbered paragraph(s) in the application.)* | | | |
|  | |  | | | |
| (Attach an additional page and number it if you need more space.) | | | | | |

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| Form 33B.2: | | | Answer (*Child, Youth and Family Services Act, 2017* Cases other than Child Protection and Status Review) | | | (page 4) | Court File Number |
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| **3.** | Do you agree that the court should make the order requested? | | | | | | |
|  |  | Yes | |  | No | | |
|  | Give reasons: | | | | | | |
|  |  | | | | | | |
| (Attach an additional page and number it if you need more space.) | | | | | | | |

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| Form 33B.2: | | Answer (*Child, Youth and Family Services Act, 2017* Cases other than Child Protection and Status Review) | | (page 5) | | Court File Number |
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|  | **IMPORTANT FACTS SUPPORTING MY/OUR POSITION** | | | | | |
|  | (In numbered paragraphs, set out the facts that form the legal basis for your position. Attach an additional page and number it if you need more space.) | | | | | |
|  |  | | | | | |
| Put a line through any blank space left on this page. | | | | | | |
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| Date of signature | | | Signature | |
|  | | |  | |  | |
| Date of signature | | | Signature | |