

(Name of court)

at

Court office address

**Form 34M: Consent to  
Openness Order under s.  
194 of the Child, Youth and  
Family Services Act, 2017**

**Applicant** (In all cases, the applicant will be a children's aid society.)

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)** (Persons entitled to notice.)

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 of Children's Lawyer's agent for service (street & number, municipality, postal code, telephone & fax numbers and e-mail address (if any)) and name of person represented.

**THE CHILD**

Child's Full Legal Name	Birthdate	Sex	Is the child First Nations, Inuit, or Métis?	Child's Bands or First Nations, Inuit, or Métis Communities

**Extended Society Care Order:**

Court File Number	Court Office Address	Name of Judge	Date of Order
Details of Order			

The parties and the child, if the child is 12 years of age or older, agree to the following:

1. The openness order will permit the continuation of a relationship with a person that is beneficial and meaningful to the child for the following reasons:

2. The openness order is in the best interests of the child for the following reasons:

3. For the reasons set out above, we ask the court to make the following order: *(Provide details of openness order.)*

Applicant's name and position within the children's aid society:

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Applicant's signature*

\_\_\_\_\_  
*Witness' signature*

Signature of person who will be permitted to communicate with or have a relationship with the child if order is made:

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Respondent's signature*

\_\_\_\_\_  
*Witness' signature*

Signature of person with whom the children's aid society has placed or intends to place the child for adoption:

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Respondent's signature*

\_\_\_\_\_  
*Witness' signature*

If applicable, children's aid society that will supervise or participate in the arrangement under the openness order:

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Respondent's signature*

\_\_\_\_\_  
*Witness' signature*

**CHILD'S CONSENT**

If child is 12 years of age or older:

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Child's signature*

\_\_\_\_\_  
*Witness' signature*