



Court File Number
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\_\_\_\_\_ (Name of court)  
 at \_\_\_\_\_  
 Court office address

**Form 8B.1: Application  
 (Status Review for Child in  
 Extended Society Care and  
 Child Formerly in Extended  
 Society Care)**

**Applicant(s)** (In most 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).

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Lawyer's name & address — street & number, municipality, postal code, telephone & fax numbers and e-mail address (if any).

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**Respondent(s)** (In most cases, a respondent will be a "parent" within the meaning of section 74 of the Child, Youth and Family Services Act, 2017.)

Full legal name & address for service — street & number, municipality, postal code, telephone & fax numbers and e-mail address (if any).

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Lawyer's name & address — street & number, municipality, postal code, telephone & fax numbers and e-mail address (if any).

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**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.

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**TO THE RESPONDENT(S):**

**A COURT CASE HAS BEEN STARTED AGAINST YOU IN THIS COURT. THE DETAILS ARE SET OUT ON THE ATTACHED PAGES.**

**THE FIRST COURT DATE IS** (date) \_\_\_\_\_ **AT** \_\_\_\_\_ a.m. p.m.  
 or as soon as possible after that time, at: (address)

If you have also been served with a notice of motion, there may be an earlier court date, and you or your lawyer should come to court for the motion.

**IF YOU WANT TO OPPOSE ANY CLAIM IN THIS CASE**, you or your lawyer must prepare an Answer and Plan of Care (Form 33B.1 – a blank copy should be attached), serve a copy on the children's aid society and all other parties and file a copy in the court office with an Affidavit of Service (Form 6B).

**YOU HAVE ONLY 30 DAYS AFTER THIS APPLICATION IS SERVED ON YOU (60 DAYS IF THIS APPLICATION IS SERVED ON YOU OUTSIDE CANADA OR THE UNITED STATES) TO SERVE AND FILE AN ANSWER. IF YOU DO NOT, THE CASE WILL GO AHEAD WITHOUT YOU AND THE COURT MAY MAKE AN ORDER AND ENFORCE IT AGAINST YOU.**

Check this box if this paragraph applies

The children's aid society is also making a claim for child support. You **MUST** fill out a Financial Statement (Form 13 – a blank copy attached), serve a copy on the society and file a copy in the court office with an Affidavit of Service even if you do not answer this case.

**WARNING:** This case is subject to case management, which means that the case runs on a timetable. That timetable says that the following steps have to be finished by the following number of days from the start of this case:

*Service and filing of answers and plans of care – 30 days*

*Temporary care & custody hearing – 35 days*

*Settlement conference – 80 days*

*Hearing – 120 days*

**You should consider getting legal advice about this case right away.** If you cannot afford a lawyer, you may be able to get help from your local legal aid office. *(See your telephone directory under LEGAL AID).*

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*Date of issue*

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*Clerk of the court*

**THE CHILD**

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

**CLAIM BY** *(name and relationship to child, if applicable)*

1. *(name)* asks for an order,

that the child be placed in the custody of *(name of custodian)*

under s. 116(1)(b) of the *Child, Youth and Family Services Act, 2017*.

that the child be placed with *(name of custodian)*

subject to the supervision of *(full legal name of supervising society)*

for a period of months, on the terms and conditions set out in the Appendix on page 5 of this Application form.

that the child be placed in the extended society care of *(full legal name of caretaker society)*

relating to access, the details of which are as follows:

that *(name of person)* be restrained under s. 137

of the *Child, Youth and Family Services Act, 2017* from having any contact with *(name of child and/or any caregiver)*

*(Provide details of restraining order being sought.)*

relating to payment of support while the child is in care or subject to an order of supervision, the details of which are as follows:

terminating the order dated *(date of order)* for *(type of order)*

for court costs.

other *(Specify.)*

2. The details of the child's history in the care of a society are as follows:  
*(Set out number of times the child was in the care of a society, when the care began, how long it lasted and the date(s) of the order(s) for extended society care and access.)*
3. The following is a brief statement of the facts relied upon in this application.  
*(Set out the facts in numbered paragraphs. If you need more space, you may attach a page, but you must date and sign each additional page.)*

*Put a line through any blank space left on this page.*

\_\_\_\_\_  
*Date of signature*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*If applicant is a children's aid society,  
give office or position of person signing.*

\_\_\_\_\_  
*Print or type name.*

APPENDIX

The terms and conditions proposed for the child's supervision are as follows: *(Set out terms and conditions in numbered paragraphs. Omit this page if no supervision is sought.)*