



Court file number
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\_\_\_\_\_ (Name of Court)  
 at \_\_\_\_\_  
 Court office address

**Form 8D.1: Application  
 (Dispense with Parent's  
 Consent To Adoption Before  
 Placement)**

**Applicant(s)** *(The first letter of the applicant's surname may be used)*

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)** *(If there is a respondent, the first letter of the respondent's surname may be used)*

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).

**THE APPLICANT(S) ASK FOR AN ORDER DISPENSING WITH THE CONSENT OF THE RESPONDENT(S) TO THE ADOPTION OF THE CHILD:** *(Give full legal name, date of birth, sex and birth registration number (if known) of person to be adopted. If this person is to be placed for adoption by a licensee or children's aid society, you may use an initial for the surname.)*

\_\_\_\_\_ Full legal name      \_\_\_\_\_ Date of birth      \_\_\_\_\_ Sex      \_\_\_\_\_ Birth registration number

☐ The applicant(s) also ask for an order that service of the application on the respondent(s) is not required.

**NOTE TO THE RESPONDENTS:** A court case has been started against you in this court. The details are set out in the attached affidavit.

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

**THIS CASE IS ON THE FAST TRACK OF THE CASE MANAGEMENT SYSTEM.** A case management judge will be assigned by the time this case first comes before a judge.

**IF YOU WANT TO OPPOSE THIS APPLICATION,** you or your lawyer must prepare an Answer (Form 10 — a blank copy should be attached), serve a copy on the applicant(s) and file a copy in the court office with an *Affidavit of Service* (Form 6B). **YOU HAVE ONLY 20 DAYS AFTER THIS APPLICATION IS SERVED ON YOU (40 DAYS IF THIS APPLICATION IS SERVED ON YOU OUTSIDE CANADA OR THE UNITED STATES) TO SERVE AND FILE AN ANSWER. IF YOU DO NOT DO SO, THE COURT MAY DISPENSE WITH YOUR CONSENT WITHOUT YOU.**

**If you want to make a claim of your own**, you or your lawyer must fill out the claim portion in the *Answer*, serve a copy on the applicant(s) and file a copy in the court office with an *Affidavit of Service*.

**YOU SHOULD GET 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*).

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

\_\_\_\_\_  
*Signature of applicant*

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

\_\_\_\_\_  
*Signature of co-applicant*

\_\_\_\_\_  
*Date of issue by clerk of the court*

\_\_\_\_\_  
*Signature of clerk of the court*