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| ONTARIO | | | | | | | |
|  |  | | | |  | Court File Number | |
|  | (Name of court) | | | | Form 17B: Case Conference Brief for | |
| at |  | | | |
|  | Court office address | | | |  | Protection Application |
|  |  | | | |  |  | Status Review |
| Name of party filing this brief | | |  | Date of case conference | | | |
|  | | |  |  | | | |
| 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). | | | |
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| 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). | | | |
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| 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). | | | |
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|  | | | | | | | |
| Name & address of Children’s Lawyer’s agent (street & number, municipality, postal code, telephone & fax numbers and e‑mail address (if any)) and name of person represented. | | | | | | | |
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| Form 17B: | | | | Case Conference Brief for Protection Application or Status Review | | | | | | | (page 2) | | Court File Number | |
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| – PART 1: BASIC INFORMATION ABOUT THE CHILD(REN) – | | | | | | | | | | | | | | |
| **1.** | The basic information about the child(ren) is as follows: | | | | | | | | | | | | | |
| **Child’s full legal name** | | | | | | | **Age** | **Birthdate** *(d, m, y)* | **Full legal name of every parent of child and relationship to child (See subsection 74(1) of the *Child, Youth and Family Services Act, 2017.*)** | | | | | **Date child was brought to a place of safety** |
|  | | | | | | |  |  |  | | | | |  |
|  | | | | | | |  |  |  | | | | |  |
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| **2.** | Where is the child living at the time of this conference? | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | |
| **3.** | What is the total length of time that any child less than six years old has been in care? *(Attach more detail if necessary.)* | | | | | | | | | | | | | |
|  | Name of child | | | | |  | | | | Total length of time | |  | | |
| **4.** | What is the total length of time any child six years old or more has been in care? *(Attach more details if necessary.)* | | | | | | | | | | | | | |
|  | Name of child | | | | |  | | | | Total length of time | |  | | |
| **5.** | Is any child a First Nations, Inuk or Métis person? | | | | | | | | | | | | | |
|  |  | No. |  | | Yes. | | | | | | | | | |
| **5.a** | If the answer to question 6 is “Yes” and the child is a First Nations, Inuk or Métis person, give the name, address and telephone number of the representative chosen by each of the child’s bands and First Nations, Inuit or Métis communities to which the child is a member or identifies with. | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | |
| **6.** | If the child was brought to a place of safety before the hearing, name the person from whose care and the place from which the child was removed. | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | |
| **7.** | Has everyone who is entitled to notice in this case been served? | | | | | | | | | | | | | |
|  |  | Yes. |  | | No. *(Do you want an order for substituted service on any person or an order that service is not required? Give details.)* | | | | | | | | | |
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| Form 17B: | | | | | Case Conference Brief for Protection Application or Status Review | | | | | | | | | | | | (page 3) | | | | Court File Number |
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| – PART 2: OUTSTANDING ISSUES – | | | | | | | | | | | | | | | | | | | | | |
| (Complete only Part 2A – Protection Application or Part 2B – Status Review, not both) | | | | | | | | | | | | | | | | | | | | | |
| **Part 2A – Protection Application** | | | | | | | | | | | | | | | | | | | | | |
| **8.** | The parties have reached an agreement or the court has made an order on the following issues: | | | | | | | | | | | | | | | | | | | | |
|  |  | findings of fact set out in Part 1 above | | | | | | | | | | | | | | | | | | | |
|  |  | temporary care and custody | | | | | | | | | | | |  | | access | | | | | |
|  |  | finding that child is in need of protection | | | | | | | | | | | | | | | | | | | |
|  |  | placing the child(ren) with *(name of person)* | | | | | | | | |  | | | | | | | | | | |
|  |  | for | |  | | months under supervision. | | | | | | | | | | | | | | | |
|  |  | interim society care for | | | | | | |  | months. | | | | | | | |  | | extended society care with access | |
|  |  | *(Other. Specify.)* | | | | | |  | | | | | | | | | |  | | extended society care without access | |
|  |  |  | | | | | | | | | | | | | | | | |  | | |
|  | The details of this agreement or order are: | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | | |
| **9.** | What are the issues in this case that have **NOT** yet been resolved? | | | | | | | | | | | | | | | | | | | | |
|  |  | findings of fact set out in Part 1 above | | | | | | | | | | | | | | | | | | | |
|  |  | temporary care and custody | | | | | | | | | | | |  | | access | | | | | |
|  |  | finding that child is in need of protection | | | | | | | | | | | | | | | | | | | |
|  |  | placing the child(ren) with *(name of person)* | | | | | | | | | | |  | | | | | | | | |
|  |  | for | |  | | months under supervision. | | | | | | | | | | | | | | | |
|  |  | interim society care for | | | | | | |  | months. | | | | | | | |  | | extended society care with access | |
|  |  | *(Other. Specify.)* | | | | |  | | | | | | | | | | |  | | extended society care without access | |
|  |  |  | | | | | | | | | | | | | | | | |  | | |
| **Part 2B – Status Review** | | | | | | | | | | | | | | | | | | | | | |
| **10.** | The parties have reached an agreement or the court has made an order on the following issues: | | | | | | | | | | | | | | | | | | | | |
|  |  | temporary care and custody | | | | | | | | | | | |  | access | | | | | | |
|  |  | placing the child(ren) with *(name of person)* | | | | | | | | | |  | | | | | | | | | |
|  |  | for |  | | | months under supervision. | | | | | | | | | | | | | | | |
|  |  | interim society care for | | | | | | |  | months. | | | | | | | |  | | extended society care with access | |
|  |  | *(Other. Specify.)* | | | | |  | | | | | | | | | | |  | | extended society care without access | |
|  |  |  | | | | | | | | | | | | | | | | |  | | |
|  | The details of this agreement or order are: | | | | | | | | | | | | | | | | | | | | |
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| Form 17B: | | | | | | Case Conference Brief for Protection Application or Status Review | | | | | | | | | | | (page 4) | | | | Court File Number |
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| **11.** | | What are the issues in this case that have **NOT** yet been resolved? | | | | | | | | | | | | | | | | | | | |
|  | |  | temporary care and custody | | | | | | | | | | | |  | access | | | | | |
|  | |  | placing the child(ren) with *(name of person)* | | | | | | | | | | |  | | | | | | | |
|  | |  | for | |  | | | | months under supervision. | | | | | | | | | | | | |
|  | |  | interim society care for | | | | | | | | |  | months. | | | | |  | | extended society care with access | |
|  | |  | *(Other. Specify.)* | | | | | | |  | | | | | | | |  | | extended society care without access | |
|  | |  |  | | | | | | | | | | | | | | | |  | | |
| – PART 3: ISSUES FOR THIS CASE CONFERENCE – | | | | | | | | | | | | | | | | | | | | | |
| **12.** | | Have you explored any ways to settle the issues that are still in dispute in this case? | | | | | | | | | | | | | | | | | | | |
|  | |  | No. | | | |  | | | Yes. *(Give details.)* | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | | | | | | | | |
| **13.** | | What are the issues for this case conference? What are the important facts for this case conference? | | | | | | | | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | | | | | | | | |
| **14.** | | What is your proposal to resolve these issues? | | | | | | | | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | | | | | | | | |
| **15.** | | Are any of the issues in this case urgent? | | | | | | | | | | | | | | | | | | | |
|  | |  | | No. | | | |  | | | Yes. *(Identify the issues and give details of why the issues are urgent.)* | | | | | | | | | | |
|  | |  | | | | | | | | | | | | | | | | | | | |
| – PART 4: PROCEDURAL ISSUES – | | | | | | | | | | | | | | | | | | | | | | |
| **16.** | Does any party or the Children’s Lawyer want an assessment? | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | No. | | |  | | | Yes. *(Give names of possible assessors and the type of assessment recommended.)* | | | | | | | | | | | | |
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| Form 17B: | | | Case Conference Brief for Protection Application or Status Review | | | | | | | | (page 5) | Court File Number |
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| **17.** | Do the other parties agree with the proposal for an assessment? | | | | | | | | | | | | |
|  |  | No. | |  | Yes. *(Give names of possible assessors, the type of assessment, who will be assessed, and how long it will take.)* | | | | | | | | |
|  |  | | | | | | | | | | | | |
| **18.** | Have you served a plan of care on the other parties? | | | | | | | | | | | | |
|  |  | No. | |  | Yes. *(A copy of the plan of care must be filed in the continuing record.)* The plan can be found at | | | | | | | | |
|  |  | | | | tab/page | |  | of the continuing record. | | | | | |
| **19.** | Does a child or a parent under 18 years of age need legal representation from the Office of the Children’s Lawyer? | | | | | | | | | | | | |
|  |  | No. | |  | Yes. *(Give details and reasons.)* | | | | | | | | |
|  |  | | | | | | | | | | | | |
| **20.** | Do you want an order for the disclosure of documents, the questioning of witnesses or any other matter in this case? | | | | | | | | | | | | |
|  |  | No. | |  | Yes. *(Give details.)* | | | | | | | | |
|  |  | | | | | | | | | | | | |
| **21.** | Are there issues that may require expert evidence or a report? | | | | | | | | | | | | |
|  |  | No. | |  | Yes. *(If yes, provide details such as: the type of expert evidence; whether the parties will be retaining a joint expert; who the expert will be; who will be paying the expert; how long it will take to obtain a report, etc.)* | | | | | | | | |
|  |  | | | | | | | | | | | | |
| **22.** | Are there any other issues that should be reviewed at the case conference? | | | | | | | | | | | | |
|  |  | No. | |  | | Yes. *(Give details.)* | | | | | | | |
|  |  | | | | | | | | | | | | |
|  | | | | | | | | |  |  | | | |
| Date of party’s signature | | | | | | | | |  | Signature of party | | | |
|  | | | | | | | | |  |  | | | |
| Date of lawyer’s signature | | | | | | | | |  | Signature of party’s lawyer | | | |