

Court File Number

(Name of court)

Form 33B.1: Answer and Plan of Care (Parties other than Children's Aid Society)

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))

PART 1

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

2. The following people have had the child(ren) in their care and custody during the past year:

Child's Name	Name of Other Caregiver(s)	Period of Time with Caregiver(s) <i>(d,m,y to d,m,y)</i>

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PART 2

3. If this is a child protection application, complete this Part, then go to Part 4. (If this is a status review, complete Part 3, then go to Part 4.)

(Check applicable box(es).)

I/We agree with the following facts in

paragraph 6 of the application (Form 8B).

paragraph 3 of the application (Form 8B.1).

(Refer to the numbered paragraph(s) under paragraph 6/paragraph 3 of the application.)

I/We disagree with the following facts in

paragraph 6 of the application (Form 8B).

paragraph 3 of the application (Form 8B.1).

(Refer to the numbered paragraph(s) under paragraph 6/paragraph 3 of the application.)

NOTE: If you intend to dispute the children's aid society's position at the temporary care and custody hearing, an affidavit in Form 14A **MUST** also be served on the parties and filed at court.

(Attach an additional page and number it if you need more space.)

PART 3

4. If this is a status review, complete this Part, then go to Part 4. *(If this is a protection application, complete Part 2, then go to Part 4.)*

(Check applicable box(es).)

I/We agree with the following facts in

paragraph 6 of the application (Form 8B).

paragraph 3 of the application (Form 8B.1).

(Refer to the numbered paragraph(s) under paragraph 6/paragraph 3 of the application.)

I/We disagree with the following facts in

paragraph 6 of the application (Form 8B).

paragraph 3 of the application (Form 8B.1).

(Refer to the numbered paragraph(s) under paragraph 6/paragraph 3 of the application.)

(Attach an additional page and number it if you need more space.)

PART 4

5. What placement and terms of placement do you believe would be in the child(ren)'s best interests? *(You should include in your plan of care at least the following information. If your plan is not the same for a particular child, then complete a separate plan for that child.)*
- (a) *Where will you live?*
 - (b) *Who, if anyone, will live with you?*
 - (c) *Where will the child(ren) live?*
 - (d) *What school or daycare will the child(ren) attend?*
 - (e) *What days and hours will the child(ren) attend school or daycare?*
 - (f) *Are you enrolled in school or counselling?*
 - (g) *If you are enrolled in counselling, where do you attend counselling?*
 - (h) *What support services will you be using for the child(ren)?*
 - (i) *Do you have support from your family or community?*
 - (j) *If you have support from your family or community, who will help you and how will they help you?*
 - (k) *What will the child(ren)'s activities be?*
 - (l) *What will your source of income be?*
 - (m) *Do you go to work or school?*
 - (n) *If you go to work or school, what are the details, including the days and hours you work or go to school, and who will look after your child(ren) while you are there?*
- (o) *State why you feel that this plan would be in the child(ren)'s best interests. (Attach an additional page and number it if you need more space.)*

6. These are the people who have information that would support my plan:

Name	Information

(Attach an additional page and number it if you need more space.)

PART 5

Claims by Respondent(s)

(Fill out a separate claim page for each person against whom you are making a claim(s).)

7. THIS CLAIM IS MADE AGAINST

THE CHILDREN'S AID SOCIETY (OR OTHER APPLICANT)

AN ADDED PARTY, whose name is (full legal name)

(If you claim against an added party, make sure that the person's name appears on page 1 of this form.)

8. I/WE ASK THE COURT FOR THE FOLLOWING ORDER:

(Claims below include claims for temporary orders.)

Claims relating to child protection access lesser protection order return of child(ren) to my/our care place child(ren) into the custody of (name) _____ (s. 102, deemed parenting order under s.28 of the Children's Law Reform Act) place child(ren) into the custody of (name) _____ (s. 116(1)(b), custody order for child formerly in extended society care) interim society care for _____ Months place child(ren) into the care and custody of (name) _____ _____ subject to society supervision
Costs other (Specify.) _____

Give details of the order that you want the court to make. (Include the name(s) of the child(ren) relating to each claim.)

IMPORTANT FACTS SUPPORTING MY/OUR CLAIM(S)

(In numbered paragraphs, set out the facts that form the legal basis for your claim(s). Attach an additional page and number it if you need more space.)

Put a line through any space left on this page.

Date of signature

Signature

Date of signature

Signature