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| ONTARIO | | | | | | | | | | | | | | | | |
|  | | |  | | | | | | | | | | |  | Court File Number | |
|  | | | (Name of court) | | | | | | | | | | | Form 34I: Parent’s Consent to Adoption by Spouse | |
| at | | |  | | | | | | | | | | |
|  | | | Court office address | | | | | | | | | | |
| **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).* | | | | | |
|  | | | | | | | | | |  | | | | | |
| Child | | | | |  | | | | | | | | | | | |
|  | | | | | *(Child’s full legal name. If this person is in extended society care or was placed by a licensee or children’s aid society, you may use an initial for the surname.)* | | | | | | | | | | | |
|  | | | | |  | | |  |  | | |  |  | | | |
|  | | | | | *Date of birth* | | |  | *Sex* | | |  | *Birth registration number* | | | |
| **1.** | **My name is** *(full legal name)* | | | | | |  | | | | | | | | | |
|  | **I was born on** *(date of birth)* | | | | | |  | | | | | | | | | **and I live** |
| **at** *(address)* | | | | |  | | | | | | | | | | |
| **2.** | The applicant is my “spouse” within the meaning of Part VIII of the *Child, Youth and Family Services Act, 2017.* | | | | | | | | | | | | | | | |
| 3. | I am a parent of the child within the meaning of Part VIII of the *Child, Youth and Family Services Act, 2017* because I am *(Check appropriate paragraph below.)* | | | | | | | | | | | | | | | |
|  |  | | | a parent of the child under section 6, 8, 9, 10, 11 or 13 of the *Children’s Law Reform Act* *(includes a birth parent, her spouse)*. I am the child’s *(state your relationship to the child)* | | | | | | | | | | | | |
|  |  | | |  | | | | | | | | | | | | |
|  |  | | | an individual described in subsection 7(2) of the *Children’s Law Reform Act*. | | | | | | | | | | | | |
|  |  | | | an individual who has been found or recognized by a court of competent jurisdiction outside of Ontario to be a parent of the child. | | | | | | | | | | | | |
|  |  | | | a parent under section 217 or 218 of the *Child, Youth and Family Services Act, 2017*. *(includes adoptive parents)* | | | | | | | | | | | | |
|  |  | | | an individual with lawful custody of (including decision-making responsibility for) the child. | | | | | | | | | | | | |
|  |  | | | an individual who, during the 12 months before the child was placed for adoption, has demonstrated a settled intention to treat the child as a member of his/her family. | | | | | | | | | | | | |
|  |  | | | an individual who, during the 12 months before the child was placed for adoption, has acknowledged parentage of the child and has provided for the child’s support. | | | | | | | | | | | | |
|  |  | | | an individual who is required to provide for the child or who has custody of (including decision making responsibility for) or access to (including parenting time or contact with) the child under a written agreement or a court order. | | | | | | | | | | | | |
|  |  | | | an individual who has acknowledged parentage of the child under section 12 of the *Children’s Law Reform Act* as it read before January 1, 2017. | | | | | | | | | | | | |
| **4.** | | I consent to the adoption of the child by my spouse. | | | | | | | | | | | | | | |
| **5.** | | I understand the nature and effect of this consent. I understand that I may withdraw my consent by ensuring that the proposed applicant and the licensee, if the child was placed for adoption by a licensee, receive(s) my written notice of withdrawal within 21 days after my consent was given. | | | | | | | | | | | | | | |

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| **Form 34I:** | | | | | | Parent’s Consent to Adoption by Spouse | | | | | | | | | | | **(page 2)** | | | | | | Court File Number | | |
|  | | | | | |  | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |
| **6.** | | I understand that, after the 21 days have passed, I am not allowed to withdraw this consent unless I first get the court’s permission and if I can show that it is in the child’s best interests that this consent be withdrawn. | | | | | | | | | | | | | | | | | | | | | | | |
| **7.** | | I understand the nature of an adoption order. I understand that, if an adoption order were made, my spouse would be joining me in the role of a parent and, together, we would be the child’s only legal parents. An adoption order would require me to share my parental rights and responsibilities with my spouse equally and permanently until a court ordered otherwise. | | | | | | | | | | | | | | | | | | | | | | | |
| **8.** | | I understand my rights and the rights of other persons with respect to the disclosure of adoption information. | | | | | | | | | | | | | | | | | | | | | | | |
| **9.** | | No payment or reward of any kind was made, given, received or agreed to be made, given or received by me/us or, to the best of my/our knowledge, by any other person in connection with, | | | | | | | | | | | | | | | | | | | | | | | |
|  | | (a) | | | | | | the adoption of this child; | | | | | | | | | | | | | | | | | |
|  | | (b) | | | | | | this child’s placement for adoption; | | | | | | | | | | | | | | | | | |
|  | | (c) | | | | | | the giving of any consent to this child’s adoption; or | | | | | | | | | | | | | | | | | |
|  | | (d) | | | | | | any negotiations or arrangements leading up to this child’s adoption, | | | | | | | | | | | | | | | | | |
|  | | except for what is permitted by the *Child, Youth and Family Services Act, 2017* and the regulations made under that Act. | | | | | | | | | | | | | | | | | | | | | | | |
| **10.** | | | | I had a chance to seek counselling with respect to this consent. | | | | | | | | | | | | | | | | | | | | | |
| **11.** | | | | I have had independent legal advice with respect to this consent. | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |  | | |  | | | | | | |
| Date of signatures | | | | | | | | | | | | | | | |  | | | Signature of parent | | | | | | |
| **NOTE:** This consent must be witnessed by an independent lawyer who is to provide an affidavit of execution and independent legal advice below. If the person giving this consent is less than 18 years old, the consent must be accompanied by Form 34J (Affidavit of Execution and Independent Legal Advice (Children's Lawyer)), instead of the Affidavit of Execution and Independent Legal Advice that accompanies this form. | | | | | | | | | | | | | | | |  | | | | | | |
| Signature of independent lawyer | | | | | | |
|  | | | | | | |
| **AFFIDAVIT OF EXECUTION AND INDEPENDENT LEGAL ADVICE** | | | | | | | | | | | | | | | | | | | | | | | | | |
| **My name is** *(full legal name)* | | | | | | | | | | |  | | | | | | | | | | | | | |  |
| **and I swear/affirm that the following is true:** | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | **1.** | | I am a member of the Bar of *(name of jurisdiction)* | | | | | | | | | | |  | | | | | | |  |
| **2.** | | and I am not acting for any other person in this adoption case. | | | | | | | | | | | | | | | | | | |
| I explained to *(parent’s full legal name)* | | | | | | | |  | | | | | | | | | about | |
|  | | | | | | | | |  | the nature and effect of adoption under the law of Ontario; | | | | | | | | | | | | | | | |
|  | the nature and effect of this consent; | | | | | | | | | | | | | | | |
|  | the circumstances under which this consent may be withdrawn; | | | | | | | | | | | | | | | |
|  | his/her rights and the rights of other persons with respect to the disclosure of adoption information; | | | | | | | | | | | | | | | |
|  | the right to counselling. | | | | | | | | | | | | | | | |
|  | | | | | **3.** | | After my explanation, he/she told me that he/she wanted to sign this consent. | | | | | | | | | | | | | | | | | | |
|  | | | | | **4.** | | I was present at and witnessed the signing of this consent. | | | | | | | | | | | | | | | | | | |
| Sworn/Affirmed before me at | | | | | | | | | | | |  | | | | | | | |  |  |  | | |  |
|  | | | | | | | | | | | | municipality | | | | | | | | Signature | | |  |
| in |  | | | | | | | | | | | | | | | | | | | (This form is to be signed in front of a lawyer, justice of the peace, notary public or commissioner for taking affidavits.) | | |  |
|  | province, state or country | | | | | | | | | | | | | | | | | | |  |
| on | | |  | | | | | | | | | |  |  | | | | | |
|  | | | date | | | | | | | | | | Commissioner for taking affidavits  (Type or print name below if signature is illegible.) | | | | | |