

KAWARTHA FAMILY COURT ASSESSMENT SERVICE

349A George Street North, Suite 205
Peterborough, ON K9H 3P9
(705) 748-3220

REFERRAL FORM – CHILDREN'S LAW REFORM ACT

*****Please complete the following in as much detail as possible*****

COURT FILE # _____ **LEGAL AID: YES** _____ **NO** _____

NAME OF PARENTS (GUARDIANS)

1. Relationship to child(ren): _____

FIRST MIDDLE LAST

ADDRESS: _____ Home Phone: _____

_____ Cell Phone: _____

_____ Email: _____

2. Relationship to child(ren): _____

FIRST MIDDLE LAST

ADDRESS: _____ Home Phone: _____

_____ Cell Phone: _____

_____ Email: _____

3. Relationship to child(ren): _____

FIRST MIDDLE LAST

ADDRESS: _____ Home Phone: _____

_____ Cell Phone: _____

_____ Email: _____

CHILDREN INVOLVED IN THIS ASSESSMENT:

	<u>NAME</u>	<u>D.O.B.</u>	<u>IN WHOSE CARE</u>
	(First)	(Last)	(DD/MM/YR)
1.			
2.			
3.			
4.			
5.			

PLEASE LIST THE LAWYERS INVOLVED IN THE CASE:

APPLICANT:

1. _____ Phone: _____

Representing: _____

RESPONDENT:

2. _____ Phone: _____

Representing: _____

CHILDREN'S LAWYER:

3. _____ Phone: _____

Representing: _____

COURT & LOCATION:

JUSTICE: _____

Referral requested by: _____

Adjournment date: _____

Issue before the Court is: _____

What is the present parenting time and decision making arrangement regarding the child(ren) involved in this assessment? Please include the current time-sharing schedule:

What parenting time/decision making arrangements do you feel are in the best interests of your child(ren)? Please state why:

2. Are you in agreement with this referral? Yes _____ No _____

ADDITIONAL COMMENTS:

SECTION 30 – CHILDREN’S LAW REFORM ACT

1. Name of Parent/Guardian: _____
2. Relationship to Child/Children: _____
3. Date of Birth of Parent/Guardian: _____

Day
Month
Year

4. Present Marital Status: Married ___ Single ___ Common-Law ___ Divorced ___
 Widowed ___ Separated ___

a) Current Partner (If applicable): _____

Name:
D.O.B. (DD/MM/YR)

b) Date of Current Union (If applicable): _____

Day
Month
Year

c) Current Partner’s Child(ren) (If applicable):

(First)	<u>NAME</u>	(Last)	<u>D.O.B.</u> (DD/MM/YR)	<u>IN WHOSE CARE</u>
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5.

Date of Union (DD/MM/YR)	Partner’s Name	Date of Separation/Divorce/ Death of Spouse (DD/MM/YR)

6. PLEASE LIST ALL CHILDREN OF PREVIOUS RELATIONSHIPS:

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Name	D.O.B. (DD/MM/YR)	In Whose Care

7. PERSONAL INFORMATION:

a) Education History: Please list level of school attended and diploma/certificate/degree attained.

	Grade/Degree Completed	Date Completed
High school		
College		
University		
Other		
Other		

b) Employment History:

Employer	Position	Dates/Duration

c) Other Sources of Income:

ODSP:	Yes ___ No ___	If yes, state disability:
Ontario Works:	Yes ___ No ___	If yes, state date range of receipt:
Other:		

d) Please list any current/chronic physical or mental health conditions, as well as medications or treatment prescribed.

Conditions	Medication/Treatment

d) Please state current drug and/or alcohol use.

Drug/Alcohol	Quantity/Frequency

e) Have you ever been involved in a domestic dispute wherein the police were contacted?

Yes No (please circle)

If yes, please list police service, year of incident(s) and outcome.

Date	Police Service	Outcome

e) Please list any history of criminal charges, including the date, police service involved and the outcome.

Charge	Date	Police Service	Outcome (withdrawn/convicted/ acquitted/outstanding)

IMPORTANT - PLEASE COMPLETE

Please list all of the agencies/services/professionals that you and/or the children have been involved with in the past or present:

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Agency	Location/Names	Date(s) Seen	Family Members Involved
Children's Aid Society			
Children's School(s)/Daycare			
Family Physician/ Pediatrician			
Developmental Services (i.e. Five Counties Children's Centre, etc.)			
Hospital(s) Involvement			
Psychiatrist			
Psychologist			
Family/Marital/ Group/Individual Counselling			
Treatment Facilities (i.e. alcohol/drug rehab centres, etc.)			
Probation/Parole Services			
Other Relevant Agencies:			

Any additional information you would like to include:

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I agree that all information provided on these intake forms is true and complete to the best of my ability.

(signature)

(date)