



About this Form

Use this Application form to ask for a review of a written notice proposing to remove a foster child from your care.

You can file this Application if:

1. you are a foster parent
2. the child is in extended society care
3. the child has lived with you continuously for at least two years

You must submit the Application to the Child and Family Services Review Board (CFSRB) within 10 days of receiving written notice from the Society.

This Application is made under section 109 of the [Child, Youth and Family Services Act, 2017](#).

Instructions

1. Complete all sections of the form.
2. Sign and date the form.
3. Deliver the form:

By Email: CFSRB@ontario.ca

By Fax: 416-327-0558

By Mail/In Person: Tribunals Ontario
Child and Family Services Review Board
15 Grosvenor Street, Ground Floor
Toronto, ON M7A 2G6

For more information, call 416-327-0111 or toll-free 1-888-777-3616.



1. Applicant Information

Last Name		First Name	
Address (Number and Street)			Suite/Unit/Apt.
City/Town		Province	Postal Code
Telephone (Day)	Telephone (Evening)	Fax	
Email *			

2. Foster Child Information

Last Name	First Name	Date of Birth (yyyy/mm/dd)
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The child's Band, First Nations, Inuit or Métis community(ies) is entitled to notice of this Application. To the best of your knowledge, please complete the information below.

Name of Band, First Nations, Inuit or Métis Community(ies) (if applicable)	Telephone		
Contact Person	Email		
Address	City/Town	Province	Postal Code

3. Representative Information

Complete this section only if you are authorizing a lawyer or another representative to act for you. If you have a representative, the CFSRB will communicate with your representative. Review the [Practice Direction on Representation](#).

I authorize the named person and/or organization to represent me.

My representative is:

A lawyer Law Society # _____ A paralegal Law Society # _____

Other (Please describe. For example, mother, father, friend) _____

Last Name	First Name	Organization (if applicable)	
Address (Number and Street)		Suite/Unit/Apt.	
City/Town		Province	Postal Code
Telephone	Fax	Email *	

* Providing your email address means you agree the CFSRB can email you instead of using mail or fax.

4. Which children's aid society made the decision?

Name	Telephone		
Address	City/Town	Province	Postal Code

5. When did you receive the written notice? Attach a copy of the written notice.

Date (yyyy/mm/dd) _____

I have attached a copy of the written notice.

6. Information about the Foster Relationship

a. When did the foster child come into your care? (yyyy/mm/dd) _____

b. Has the foster child been in your care continuously since then? Yes No

If not, give the dates of any breaks in care.

c. What is your relationship to the foster child? _____

7. Explain why you disagree with the proposed removal. Be as specific as possible. Use the space below and attach additional pages if necessary.

8. Accessibility and Accommodation

Tell us if you need any of the following at the hearing:

- Interpreter No Yes
Language _____ Dialect _____
- Sign Language Interpreter No Yes
- Wheelchair Access No Yes
- Other (*Please specify*) _____

For more information on accessibility and accommodation, visit our [website](#).

9. Applicant Signature

Signature

Date (yyyy/mm/dd)

Please check this box if you are filing your Application electronically. This represents your signature. You must fill out the date above.

Notice Regarding the Collection of Personal Information

The Child and Family Services Review Board (CFSRB) collects the personal information requested on this form for the purpose of conducting a review under section 109 of the [Child, Youth and Family Services Act, 2017](#). It will be shared with the parties to the Application. Copies of all documents filed with the CFSRB which relate to the Application will also be shared with the parties to the Application.

The CFSRB posts a redacted version of its decisions on the website of the Canadian Legal Information Institute (www.canlii.org).