ONTARIO

TO: *(local police force or service)*

Consent Form for Police Record Check for Non-Parent Applicants for Decision-Making Responsibility

Last name	**First name**	
Middle name(s) *(if any)*	**Previous surnames or other names** *(if any)*	
Gender	**Place of birth**	**Date of birth** *(year/month/day)*
Home telephone number ..... **Cellular telephone number** ..... **Business telephone number**	**Email address**	
Current Address *(include full address - this is your mailing address)*	**Any other addresses you have had in the past 5 years** *(include approximate duration for each)*	

I am applying for a decision-making responsibility order for a child (or children) and am not the child's parent.

In accordance with s. 21.1 of the *Children's Law Reform Act* and O. Reg. 24/10, I hereby request that you prepare a police records check on me by searching the appropriate data banks, both national (Canadian Police Information Centre) and local, to which you have access, in order to disclose to me a written summary of any information regarding the following as may exist on the date of the search:

(a) every criminal offence of which I have been convicted under the *Criminal Code*, the *Food and Drugs Act* or the *Controlled Drugs and Substances Act*, except an offence in respect of which a pardon has been issued or granted;

(b) every criminal offence under the *Criminal Code*, the *Food and Drugs Act* or the *Controlled Drugs and Substances Act* of which I have been found guilty and discharged, except an offence in respect of which the record has been purged;

(c) every offence under the *Criminal Code*, the *Food and Drugs Act* or the *Controlled Drugs and Substances Act* of which I have been found guilty and for which an adult sentence has been imposed under the *Youth Criminal Justice Act*, except an offence in respect of which a pardon has been issued or granted;

(d) every outstanding order made against me in respect of a criminal matter, including a probation order, prohibition order or warrant;

(e) every outstanding restraining order made against me;

(f) every outstanding criminal charge against me;

(g) every criminal charge against me that

  (i) resulted in a finding of not criminally responsible on account of mental disorder,

  (ii) resulted in a stay of proceedings,

  (iii) was dismissed by the court, or

  (iv) was withdrawn by the Crown;

(h) every contact between me and a police force or service for which the police force or service has a written record, unless one of the exceptions in s. 1(3) of O. Reg. 24/10 apply; and

(i) every contact between me and a police force or service in relation to actions taken against me under the *Mental Health Act* because of a determination under that Act that I was suffering or apparently suffering from a mental disorder of a nature or quality that would likely result in serious bodily harm to myself or to another person or in serious physical impairment of myself.

I understand that the search will be conducted based on the information I provided above, as well as the accompanying proof of identification, and I certify this information to be true. I am aware that positive identification can only be confirmed through the submission of fingerprints.

..... _____

Date *Signature of Applicant*

Questions concerning this collection of personal information should be directed to

....

(Information Clerk, Police Service) *(address, phone number)*

Information is collected and disclosed according to section 29(1) and 32 of the *Municipal Freedom of Information and Protection of Privacy Act (MFIPPA)* and the *Police Services Act*, RSO 1990, c.P.15