

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		Email address	
Cellular telephone number			
Business telephone number			
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 - (iv) was withdrawn by the Crown;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.

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Date

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Signature of Applicant

Questions concerning this collection of personal information should be directed to

.....
(Information Clerk, Police Service)

.....
(address, phone number)