

# Ruling Intake Form

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|-------------|
| Reference # |
|-------------|

|                                 |      |
|---------------------------------|------|
| Name of Person Filing this Form | Date |
|---------------------------------|------|

## Monday / Tuesday Parent

|  |  |
|--|--|
| 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). |
|--|--|

## Wednesday / Thursday Parent

|  |  |
|--|--|
| 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). |
|--|--|

|   |
|---|
| Name & address of Children's Lawyer's agent (street & number, municipality, postal code, telephone & fax numbers and e-mail address (if any)) and name of person represented. |
|---|

## PART 1: FAMILY FACTS

### 1. Basic Information

- Distance Between Homes ..... (miles, kms or driving time)
- Are you on Social Assistance or a disability pension? .....
- Child(ren)'s activities: .....
- Is there a court order respecting custody, access or the parenting schedule?
- Other (Explain.)

### 2. The basic information about the child(ren) are as follows:

| Child's full legal name | Age | Birthdate (d, m, y) | Grade/Year & School | Special Needs? |
|-------------------------|-----|---------------------|---------------------|----------------|
|                         |     |                     |                     |                |
|                         |     |                     |                     |                |
|                         |     |                     |                     |                |
|                         |     |                     |                     |                |
|                         |     |                     |                     |                |

## PART 2: THE ISSUES

### 3. What are the issue(s) requiring a ruling?

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Travel / Vacation | <input type="checkbox"/> Religion              | <input type="checkbox"/> Day Care               |
| <input type="checkbox"/> Mobility          | <input type="checkbox"/> School                | <input type="checkbox"/> Medical / Dental Issue |
| <input type="checkbox"/> Sports / Activity | <input type="checkbox"/> Transfer place / time |   |
| <input type="checkbox"/> Other (specify.)  |  |   |

4. Are there any of the following factors involved in this dispute?

- Substance abuse
- Physical/sexual abuse
- Criminal charges
- Mental health issues
- Child Protective Services
- Ongoing Court Application  
If so, court address and court file number:
- Child / Spousal Support
- Ownership of property
- Please provide details for any of the above: \_\_\_\_\_

5. Does either parent have any restraining order or criminal court conditions affecting parenting or communication?

Monday Tuesday Parent Yes/No Details \_\_\_\_\_

Wednesday Thursday Parent Yes/No Details \_\_\_\_\_

6. Has there been an interim ruling respecting this matter (from police, clergy, school)?

- No
- Yes (Give details.)

7. Is there an organization, school, daycare or group involved in this ruling?

- No
- Yes  Yes  No \_\_\_\_\_

**PART 3: FACTS FOR RULING**

8. What are the issues for this reference question? What are the important facts for this reference question?

9. What is your proposal to resolve these issues?

10. Do you give consent to the Fair Parenting Project to contact any organization with respect to any of these issues?

- No
- Yes

I give consent to (name of school, organization, physician) \_\_\_\_\_ to release information and with the Fair Parenting Project respecting the children listed in paragraph 2, above. (Signature: \_\_\_\_\_)

**PART 4: Payment Information**

NOTE: - The fee for a ruling is \$85.00. The fee for an express ruling (within 4 business days) is an additional \$50.00.

**PART 5: DISCLOSURE ISSUES**

11.

(a) If school is involved, have you provided a letter from your child(ren)'s school principal?

- No
- Yes

(b) If learning disability or behavioural issues are involved, have you provided a letter from your child(ren)'s psychologist, school board or an individualized education plan?

- No
- Yes (Give details.)

(c) If medical or dental issues are involved, have you provided a letter from your child(ren)'s physician, care provider or dentist?

- No
- Yes (Give details.)

12. Are any documents required from the other parent?

- No
- Yes (Give details.)

13. Have all the persons who should be involved in this reference been invited to make submissions?

- Yes.
- No. (Who needs to be notified?)

14. Are there issues that may require an expert report?

- No.
- Yes. (If yes, provide details such as: the type of expert evidence; whether the parties will be retaining a joint expert; who the expert will be; who will be paying the expert; how long it will take to obtain a report, etc.)

21. Are there any other issues that should be reviewed prior to the reference ruling?

- No.
- Yes. (Give details.)

Name and contact information of any organization, school, daycare, or group involved:

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Date of party's signature

Signature of party

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^turn this form by fax to 613 257 1112