

Counsel for Children Referral Form

Ministry of Justice and Attorney General

Public Guardian and Trustee of Saskatchewan

Counsel for Children Program Information

The Public Guardian and Trustee may appoint a lawyer to represent a child in matters related to the Child and Family Services Act (child protection) regardless of the age of the child.

Referrals to the Counsel for Children (CFC) Program may be prepared by social workers, parents and other family members, foster parents, First Nations Child and Family Services Agencies, teachers, the Advocate for Children and Youth office, or any other person.

If a lawyer is appointed to represent a child, the relationship is governed by solicitor/client confidentiality. The lawyer does not provide legal advice to a parent, caregiver, or other person. There are no fees payable by the child.

Personal information is being collected and disclosed for the purpose of arranging legal representation for a child and is in accordance with privacy laws. Please see Part 6 for additional information.

Part 1(A): Child/Youth's Information

Last Name: _____ Given Name(s): _____

Date of Birth: _____ Preferred Pronoun: _____

Current Placement:

Foster Home Group Home Family Placement Other _____

Caregiver/Group Home Contact Name: _____

Caregiver/Group Home Phone Number: _____

Caregiver/Group Home Contact Email Address (if applicable): _____

Placement Address: _____

(Include address, city, province, and postal code)

Current School: _____

Counsel for Children Referral Form

Part 1(B): Further Details of Child's Information and Summary of Proceedings

Briefly describe the child or youth's circumstances and involvement with child protection.

Are there any special considerations related to the child or youth that the lawyer should be aware of?

Part 2: Parent's Information

Mother's Name: _____ Date of Birth (if known): _____

Father's Name: _____ Date of Birth (if known): _____

Name of PSI or Other Interested Party (if applicable): _____

Part 3: Court Appearance Information

Is there a current court date?

Yes No

If you answered 'Yes' to the above question, please provide the details below to the best of your knowledge.

Date: _____ Time: _____ Court File Number: _____

First Appearance Docket Pretrial

Trial Summary Hearing Other/Unknown

Court Location (City): _____ Queen's Bench Provincial Court

Counsel for Children Referral Form

Part 4: Contact Information For Person or Agency Making This Referral

Name of Person Making the Referral: _____

Phone Number: _____ Relationship to Child: _____

Part 5: Case Worker's Information

Caseworker's Name: _____ Email Address: _____

Phone Number: _____ Fax Number: _____

Current Address: _____

(Include address, city, province, and postal code)

To the best of your knowledge, does the Ministry of Social Services and/or the First Nations Agency have a lawyer?

Yes No

If you answered 'Yes' to the above question, please provide the lawyer's name and contact information (such as phone number, email address, and/or law firm).

To the best of your knowledge, do the parent(s), caregiver, or any other party currently have a lawyer?

Yes No

If you answered 'Yes' to the above question, please provide the name and contact information (such as phone number, email address, and/or law firm) for any other lawyer involved in these proceedings.

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Part 6: Collection, Use, and Disclosure of Personal Information

Personal information is being collected to determine eligibility for legal representation and to arrange legal representation that meets the child/youth's needs. The information provided on this form will be shared among those individuals/organizations involved with the delivery of the service. The collection, use, and disclosure of personal information is in accordance with *The Child and Family Services Act* and *The Freedom of Information and Protection of Privacy Act*.

Submit your complete form to pgt@gov.sk.ca