

## Superior Court of Justice, Family Court

(Name of Court)

Court File Number

FC-19-CP-08

at 161 Elgin Street, Ottawa, Ontario

(Court office address)

Form 33B.1: Answer and  
Plan of Care  
(Parties other than  
Children's Aid Society)

## Applicant(s)

Full legal name &amp; address for service — street &amp; number, municipality, postal code, telephone &amp; fax numbers and e-mail address (if any).

**The Children's Aid Society of Ottawa****1602 Telesat Court****Ottawa, ON****K1B 1B1****Tel: 613-747-7800****Fax: 613-747-1933**

Lawyer's name &amp; address — street &amp; number, municipality, postal code, telephone &amp; fax numbers and e-mail address (if any).

**Tara MacDougall****1602 Telesat Court****Ottawa, Ontario K1B 1B1****Tel: 613-747-7800, ext 3245****Fax: 613-747-1933****Tara.MacDougall@casott.on.ca**

## Respondent(s)

Full legal name &amp; address for service — street &amp; number, municipality, postal code, telephone &amp; fax numbers and e-mail address (if any).

**Deidre Moore - Mother****1466 Claymor Avenue****Ottawa, Ontario****K2C 1S6****Tel: 613-261-3520****deirdre.faff@gmail.com****Jonathan Kiska - Father****1244 Lampman Crescent****Ottawa, Ontario****K2C 1P8**

Lawyer's name &amp; address — street &amp; number, municipality, postal code, telephone &amp; fax numbers and e-mail address (if any).

This Exhibit 'D' referred to in the  
Affidavit of ... Deirdre Moore ...sworn before me at the City of Ottawa, this  
25<sup>th</sup> day of February, 2019...Shyula Spol  
A Commissioner for taking affidavits**Wade L. Smith****Bell Baker LLP****Barristers and Solicitors****700-116 Lisgar Street****Ottawa, Ontario K2P 0C2****Tel: (613) 237-3444****Fax: (613) 237-1413 Box#35****wsmith@bellbaker.com**

## Children's Lawyer

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

**Debora Scholey, Barrister & Solicitor, M029 - 4338 Innes Road, Ottawa, ON K4A 3W3****Tel: 613-424-0629 Fax: 613-482-4733 debora@scholey.ca - Children Represented: Sean Kiska, Cate Kiska**

## TO THE APPLICANT(S):

(Note to the respondent(s): If you are making a claim against someone who is not an applicant, insert the person's name and address here.)

**AND TO:** (full legal name) Deirdre Moore, an added respondent,  
of (address for service of added party) 1466 Claymor Avenue, Ottawa, Ontario K2C 1S6

(Note to the respondent(s): You must complete, serve, file and update this form if any significant changes regarding the child(ren) occur after you sign this form.)

I am (full legal name(s)) Jonathan William Kiska

and I am (state your relationship to the child(ren))  
the father of the children noted below.

**PART 1**

1. The child(ren) in this case is/are:

Child's Full Legal Name	Birthdate	Age	Sex	Full Legal Name(s) of Parent(s)		Is the Child First Nations, Inuk, or Métis?	Child's Bands and First Nations, Inuit, or Métis Communities
Sean Kiska	May 8, 2006	12	M	Jonathan William Kiska	Deirdre Moore	no	
Cate Kiska	November 30, 2007	11	F	Jonathan William Kiska	Deirdre Moore	no	

2. The following people have had the child(ren) in their care and custody during the past year:

Child's Name	Name of Other Caregiver(s)	Period of Time with Caregiver(s) (d, m, y to d, m, y)
Sean Kiska	Jonathan William Kiska and Deirdre Moore	
Cate Kiska	Jonathan William Kiska and Deirdre Moore	

**PART 2**

3. If this is a child protection application, complete this Part, then go to Part 4. (If this is a status review, complete Part 3, then go to Part 4.)

(Check applicable box(es).)

☒ I agree with the following facts in

☒ paragraph 6 of the application (Form 8B).

☐ paragraph 3 of the application (Form 8B.1).

(Refer to the numbered paragraph(s) under paragraph 6/paragraph 3 of the application.)

☐ I/We disagree with the following facts in

☐ paragraph 6 of the application (Form 8B).

☐ paragraph 3 of the application (Form 8B.1).

(Refer to the numbered paragraph(s) under paragraph 6/paragraph 3 of the application.)

**NOTE:** If you intend to dispute the children's aid society's position at the temporary care and custody hearing, an affidavit in Form 14A **MUST** also be served on the parties and filed at court.

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**PART 3**

4. If this is a status review, complete this Part, then go to Part 4. (If this is a protection application, complete Part 2, then go to Part 4.)

(Check applicable box(es).)

☐ I/We agree with the following facts in

☐ paragraph 6 of the application (Form 8B).

☐ paragraph 3 of the application (Form 8B.1).

(Refer to the numbered paragraph(s) under paragraph 6/paragraph 3 of the application.)

☐ I/We disagree with the following facts in

☐ paragraph 6 of the application (Form 8B).

☐ paragraph 3 of the application (Form 8B.1).

(Refer to the numbered paragraph(s) under paragraph 6/paragraph 3 of the application.)

**PART 4**

5. What placement and terms of placement do you believe would be in the child(ren)'s best interest? (You should include in your plan of care at least the following information. If your plan is not the same for a particular child, then complete a separate plan for that child.)

(a) Where will you live?

(b) Who, if anyone, will live with you?

(c) Where will the child(ren) live?

(d) What school or daycare will the child(ren) attend?

(e) What days and hours will the child(ren) attend school or daycare?

(f) Are you enrolled in school or counselling?

(g) If you are enrolled in counselling, where do you attend counselling?

(h) What support services will you be using for the child(ren)?

(i) Do you have support from your family or community?

(j) If you have support from your family or community, who will help you and how will they help you?

(k) What will the child(ren)'s activities be?

(l) What will your source of income be?

(m) Do you go to work or school?

(n) If you go to work or school, what are the details, including the days and hours you work or go to school, and who will look after your child(ren) while you are there?

(a) I will live with the children in the former matrimonial home at 1244 Lampman Crescent, Ottawa.

(b) Other than the children, no one else will be living with me.

(c) The children will live with me at the 1244 Lampman Crescent, Ottawa, home.

(d) Sean attends Merivale High School and Cate attends Sir Winston Churchill

(e) The children will attend regular school hours;

(f) & (g) I am not enrolled in any counselling. I operate my own business as a consultant and, in 2018 earned approximately \$134,550.00;

(h) I do not require support from the community. My sister, who lives in Ottawa is available to care for the children if required. She has often done so in the past and has a terrific relationship with them;

(o) State why you feel that this plan would be in the child(ren)'s best interests.

I have always been a devoted father. Following our separation in 2016, I have shared parenting with Deirdre Moore. As Deirdre's mental condition has deteriorated, I have assumed primary care of the children. For example, when she was ill in December 2018, she came to me and asked me to care for the children while she sought medical assistance.

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6. These are people who have information that would support my plan:

Name	Information
Mary Kiska	My sister lives 2km from my home and has a flexible schedule. She is very involved in the children's care.
Julie Kiska	Julie is also my sister. She lives in Kanata (about 20 minutes drive). Although she has not been as involved as Mary, she is also available and has a good relationship with the children.
Julia Kiska	Julia is my niece. She is 35 years old and lives in Gatineau. She would be available if needed.

**PART 5**

**Claims by Respondent(s)**

(Fill out a separate claim page for each person against whom you are making a claim(s))

**7. THIS CLAIM IS MADE AGAINST**

☐ THE CHILDREN'S AID SOCIETY (OR OTHER APPLICANT)

☐ AN ADDED PARTY, whose name is (full legal name) .....

(If you claim against an added party, make sure that the person's name appears on page 1 of this form.)

**8. I/WE ASK THE COURT FOR THE FOLLOWING ORDER:**

(Claims below include claims for temporary orders.)

Claims relating to child protection	
<input type="checkbox"/>	access
<input type="checkbox"/>	lesser protection order
<input type="checkbox"/>	return of child(ren) to my/our care
<input type="checkbox"/>	place child(ren) into the custody of (name) .....
	(s. 102, deemed custody order under the Children's Law Reform Act)
<input type="checkbox"/>	place child(ren) into the custody of (name) .....
	(s. 116(1)(b), custody order for child formerly in extended society care)
<input type="checkbox"/>	interim society care for ..... months
<input type="checkbox"/>	place child(ren) into the care and custody of (name) .....
	subject to society supervision
<hr/>	
<input type="checkbox"/>	costs
<input type="checkbox"/>	other (Specify.)

Give details of the order that you want the court to make. (Include the name(s) of the child(ren) for whom custody or access is claimed.)

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**IMPORTANT FACTS SUPPORTING MY/OUR CLAIM(S)**

(In numbered paragraphs, set out the facts that form the legal basis for your claim(s). Attach an additional page and number it if you need more space.)

Put a line through any space left on this page

February 21, 2019

Date of signature

Signature

Date of signature

Signature

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