

FORM CFS-9

TERMINATION OF VOLUNTARY PLACEMENT

Manitoba
Family
Services
and Housing

AGREEMENT

The Child and Family Services Act
(subsection 14(4))

TO:

CONCERNING:

The Child:

Full Name

Birthdate:

Day

Month

Year

TAKE NOTICE that I/we

name(s)

being party/parties to a

Voluntary Placement Agreement (or renewal thereof) concerning the above-named child, signed on

the _____ day of _____, _____, hereby terminate the said agreement (renewal)

effective _____.

REASON FOR TERMINATION:

(Note reason for termination, the agency's agreement or objection and any further action taken)

SIGNED this _____ day of _____, _____, at _____, Manitoba.

Witness

Parent or guardian who entered Agreement

Witness

Parent or guardian who entered Agreement

Executive Director/Regional Director of Agency

Agency

Copy 1 - agency
Copy 2 - applicant(s)
Copy 3 - Director of Child and Family Services
Copy 4 - mandating authority
All four copies must be signed and witnessed