Form FL‑35

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| COURT FILE NUMBER |      Clerk’s Stamp |
| COURT |

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COURT OF JUSTICE

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COURT OF KING’S BENCH |
| JUDICIAL CENTRE (KING’S BENCH) |       |
| COURT LOCATION (COURT OF JUSTICE) |       |
| APPLICANT(S) |       |
| RESPONDENT(S) |       |
| DOCUMENT | **CHILD’S STATEMENT – GUARDIANSHIP OF CHILD** |

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| ADDRESS FOR SERVICE ANDCONTACT INFORMATION OFPARTY FILING THIS DOCUMENT |       |

I, [name], swear/affirm that:

1. I am a child in this matter. My birthdate is [date of birth].

2. I live with [name and relationship to the child].

(Choose one)

|  |  |  |
| --- | --- | --- |
| 3. |   | I believe I have no guardians. |
|  |
|  |   | In my opinion, none of my current guardians are able or willing to be my guardian. To the best of my knowledge, I have listed all of my current guardians as Respondents. |
|  |

4. I ask the Court to appoint the following person/people to be my guardian(s): [name and relationship to the child]

5. I believe the person/people named in paragraph 4 is/are suitable, able and willing to be my guardian.

6. I live in [Province]. The person/people named in paragraph 4 live(s) in [Province].

(Check only if applicable)

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| 7. |   | I ask the Court to terminate the guardianship of my current guardians because they are not able or willing to be my guardian. |
|  |

8. I believe this application is in my best interests because:

9. I have the following other information in support of my application:

|  |  |  |
| --- | --- | --- |
| Sworn/Affirmed before me on [date], 20[year] at [city], Alberta.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Justice of the Peace or Commissioner for Oaths in and for the Province of Alberta | )))))))))) | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Applicant’s Signature |