**Form FL‑57**

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| COURT FILE NUMBER | Clerk’s Stamp |
| COURT | |  | | --- | |  |   COURT OF JUSTICE   |  | | --- | |  |   COURT OF KING’S BENCH |
| JUDICIAL CENTRE  (KING’S BENCH) |  |
| COURT LOCATION  (COURT OF JUSTICE) |  |
| APPLICANT(S) |  |
| RESPONDENT(S) |  |
| DOCUMENT | **REPLY TO ADULT’S STATEMENT – GUARDIANSHIP OF CHILD** |

|  |  |
| --- | --- |
| ADDRESS FOR SERVICE AND  CONTACT INFORMATION OF  PARTY FILING THIS DOCUMENT |  |

I,      , swear/affirm that:

*(Choose one)*

|  |  |  |
| --- | --- | --- |
| 1. |  | I am a guardian of the child(ren). My relationship to the child(ren) is (father, aunt, etc.). |
|  |  |  |
|  |  | I am the child (one of the children). |

2. To the best of my knowledge, the (other) guardians of the child(ren) are:

3. The child(ren) live(s) with [name and relationship to the child(ren)].

*(Choose all that apply. Provide details for any box(es) checked.)*

4. Do not appoint the Applicant as a guardian of the child(ren) because:

|  |  |
| --- | --- |
|  | the Applicant is not able to be a guardian. |
|  |  |
|  | the Applicant is not willing to be a guardian. |
|  |  |
|  | the Applicant is not suitable to be a guardian. |
|  |  |
|  | other reason(s):    (specify) |

*(Choose all that apply)*

5. I believe this child (these children) over 12 years of age:

|  |  |
| --- | --- |
|  | do(es) not consent to the Applicant becoming a guardian: [list names of child(ren) you believe do(es) not consent]. I have the following reasons to believe they do not consent: |
|  |

|  |  |
| --- | --- |
|  | consent(s) to the Applicant becoming a guardian: [list names of child(ren) you believe do(es) consent]. I have the following reasons to believe they consent: |
|  |

6. I do not believe it is in the best interests of the child(ren) for the Applicant to become a guardian because: *(You may wish to refer to section 18 of the Family Law Act regarding the best interests of the child.)*

7. I have the following other information in reply to the Applicant’s Claim:

[specify]

|  |  |  |
| --- | --- | --- |
| 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 | )  )  )  )  )  )  )  )  )  ) | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Respondent’s Signature |