**Form FL‑57**

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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 | **REPLY TO ADULT’S STATEMENT – GUARDIANSHIP OF CHILD** |

|  |  |
| --- | --- |
| ADDRESS FOR SERVICE ANDCONTACT INFORMATION OFPARTY 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 |