# Form FL‑59

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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 STATEMENT –TERMINATE GUARDIANSHIP** |

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

I, [name], 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: | | |
|  | [specify] | | |
|  |  | | |
| 3. | The child(ren) live(s) with [name and relationship to children]. | | |
|  |  | |  |
| *(Choose all that apply. Provide details for any box(es) checked.)* | | | |
| 4. | Do not terminate guardianship as requested by the Applicant because: | | |
|  |  | | the guardian is able and willing to be a guardian. |
|  |  | | the guardian is suitable to be a guardian. |
|  |  | | the guardian does not consent to termination of his/her guardianship. |
|  |  | | 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 terminating guardianship: [list names of children you do not beleive consent] | |
|  |  |  | |
|  |  | I have the following reasons to believe they do not consent: | |
|  |  | [specify] | |
|  |  | consent (s) to terminating guardianship: [list names of children you beleive do(es) consent.] | |
|  |  | I have the following reasons to believe they consent: | |
|  |  | [specify] | |
|  |  |  | |
| 6. | I believe it is not in the child(ren)’s best interests to terminate the guardianship as requested by the Applicant because: *(You may wish to refer to section 18 of the Family Law Act regarding the best interests of the child.)* | | |
|  | [specify] | | |
|  |  | | |
| 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 |