Form FL‑59

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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 STATEMENT –TERMINATE GUARDIANSHIP** |

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| ADDRESS FOR SERVICE ANDCONTACT INFORMATION OFPARTY 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] |

|  |  |  |
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| 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 |