# Form FL‑65

Clerk’s Stamp

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| COURT FILE NUMBER |  |
| 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 – VARY CONTACT** |

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

I, [name], swear/affirm that:

*(Choose one. Attach a copy of the Contact Order if the Applicant did not.)*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. |  | I am a person allowed to have contact with the child(ren) according to a court order. | | |
|  |  | I am a guardian of the child(ren). | | |
|  |  |  | | |
| 2 |  | My relationship to the child(ren) is [father, aunt, etc.]. | | |
|  |  |  | | |
| 3. |  | The child(ren) live(s) with      . | | |
|  |  |  | | |
| 4. |  | I agree that circumstances have changed since the contact order was granted. | | |
|  |  | There has been no change in circumstances since the contact order was granted. | | |
|  |  |  | | |
| *(Choose one)* | | | | |
| 5. | I do not agree that contact with the child(ren) should be changed in the way the Applicant has requested. Instead, I request that contact: | | | |
|  |  | | continue as it is in the existing contact order. | |
|  |  | | be changed as follows: *(choose any applicable statements)* | |
|  |  | |  | no contact of any type. |
|  |  | |  | visits: |
|  |  | |  | [provide dates and times that would be most suitable] |
|  |  | |  | oral communication. |
|  |  | |  | written communication. |
|  |  | |  | other method of communication: |
|  |  | |  | [specify] |
|  |  | |  |  |
| 6. | I believe that the contact I have requested is in the best interests of the child(ren) because: | | | |
|  | (You may wish to refer to section 18 of the Family Law Act regarding 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 |