Form FL‑36

|  |  |
| --- | --- |
| 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 | **STATEMENT – TERMINATE GUARDIANSHIP** |

|  |  |
| --- | --- |
| ADDRESS FOR SERVICE ANDCONTACT INFORMATION OFPARTY FILING THIS DOCUMENT |       |

I, [name], swear/affirm that:

1. To the best of my knowledge, I have listed all the current guardians of the child(ren) as Respondents to my application.

2. I ask the Court to terminate the guardianship of the following guardian(s):

 (Choose one. Attach copy of Guardianship Order if one has been granted.)

|  |  |  |
| --- | --- | --- |
| 3. |   | I am a guardian of the child(ren). |
|  |  |  |
|  |   | I am applying to be appointed a guardian of the child(ren) |

4. My relationship to the child(ren) is      .

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

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

|  |  |
| --- | --- |
|   | consent(s) to terminating guardianship [list names of child(ren) you believe do(es) consent]. I have the following reasons to believe they consent: |
|  |
|  |       |
|  |  |
|   | do(es) not consent to terminating guardianship [list names of child(ren) you believe do(es) not consent]. I ask the Court to terminate guardianship anyway. |
|  |

7. I believe it is in the child(ren)’s best interests to terminate the guardianship of the person/people listed in paragraph 2 because:

8. I have the following other information in support of my application:

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