Form FL‑37

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 | **STATEMENT – REVIEW OF GUARDIAN’S SIGNIFICANT DECISION** |

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

I, [name], swear/affirm that:

1. I am a guardian of the child(ren). My relationship to the child(ren) is [father, aunt, etc.].

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

3. The child(ren) reside(s) with [name and relationship to the child(ren)].

4. I ask the Court to review the following decision made by [name]:

[specify]

5. The decision described in paragraph 4: *(provide details for any box checked)*

involves a serious risk to the health or safety of the child(ren).

is likely to have serious long-term consequences for the child(ren).

6. I ask the Court to:

provide advice and directions (guidance) about the decision.

change the decision as follows:

[specify]

7. I believe this review of the guardian’s decision is in the child(ren)’s best interests because:

[specify]

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

[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 | )  )  )  )  )  )  )  )  )  ) | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Applicant’s Signature |