Form FL‑37

Clerk’s Stamp

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| COURT FILE NUMBER |       |
| 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 | **STATEMENT – REVIEW OF GUARDIAN’S SIGNIFICANT DECISION** |

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| ADDRESS FOR SERVICE ANDCONTACT INFORMATION OFPARTY 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 |