Form FL‑39

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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 | **STATEMENT – PARENTING** |

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

2. My relationship to the child(ren) is [father, aunt, etc.].

3. The other guardian(s) and I live separate and apart.

4. I want the parenting time to be shared between the Respondent(s) and me as follows:

 (Complete only if applicable)

5. I am willing to have the following conditions placed on my parenting time:

 *(Complete only if applicable)*

6. I want conditions on the Respondent’s parenting time as follows:

7. The following decisions about the child(ren) should be:

 1. shared with Respondent.

 2. Applicant’s responsibility only.

 3. Respondent’s responsibility only.

(Complete one for each statement)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1. |  | 2. |  | 3. |  |
|   |  |   |  |   | the child(ren)’s place of residence; |
|   |  |   |  |   | the child(ren)’s education; |
|   |  |   |  |   | the child(ren)’s extracurricular school activities; |
|   |  |   |  |   | the child(ren)’s cultural upbringing; |
|   |  |   |  |   | the child(ren)’s spiritual upbringing; |
|   |  |   |  |   | whom the child(ren) will associate with; |
|   |  |   |  |   | whether the child(ren) should work and, if so, the details of the work; |
|   |  |   |  |   | give consent to health-related treatment for the child(ren); |
|   |  |   |  |   | give consent of a parent or guardian where required; |
|   |  |   |  |   | receive and respond to any notice to a parent or guardian; |
|   |  |   |  |   | deal with any legal proceedings relating to the child(ren); |
|   |  |   |  |   | appoint a person to act on behalf of the guardian in an emergency situation or when the guardian is temporarily absent; |
|  |  |  |  |  |
|   |  |   |  |   | receive any health, educational and other information that may significantly affect the child(ren); |
|  |  |  |  |  |
|   |  |   |  |   | other:       |

8. My requests are in the child(ren)’s best interests because:

9. 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 |