**Form FL‑41**

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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 – VARY 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 attach a copy of the Parenting Order dated [date] that I want to change. If the Parenting Order has had other changes made to it, I attach copies of those changes also.

5. Since the order was made, the following circumstances have changed:

[specify]

6. I want to change the following in the Parenting Order: *(Choose all that apply)*

|  |  |
| --- | --- |
|   | the parenting time schedule (go to paragraph 7). |
|  |  |
|   | the conditions on the Respondent’s or my parenting time (go to paragraph 8). |
|  |  |
|   | who makes certain decisions about the children (go to paragraph 9 and check only the boxes where you want a change). |
|  |

*(Complete only if applicable)*

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

[specify]

*(Complete only if applicable)*

8. I ask the Court to change the conditions on the Respondent’s or my parenting time as follows:

[specify]

9. 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: |

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

11. 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 |