**Form FL‑42**

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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 |
| COURT LOCATION / JUDICIAL CENTRE  |       |
| APPLICANT(S) |       |
| RESPONDENT(S) |       |
| DOCUMENT | **STATEMENT – CONTACT** |

|  |  |
| --- | --- |
| 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). My relationship to the child(ren) is (father, aunt, etc.). |
|  |  |  |
|  |   | I am a not a guardian of the child(ren). My relationship to the child(ren) is (father, aunt, etc.). |

2. I am applying for an order specifying contact between the child(ren) and       (“the person for whom contact is proposed”), who is not a guardian of the child(ren) and whose relationship to the child(ren) is (grandmother, uncle, etc.).

*(Choose one)*

|  |  |  |
| --- | --- | --- |
| 3. |   | I have obtained or am seeking permission from the Court to commence this application. |
|  |  | *(Attach a copy of the court order granting permission to apply for contact, if an order has already been obtained)* |
|  |  |  |
|  |   | I do not require permission from the Court to commence this application because: |
|  |  | *(Choose one)* |
|  |  |   | I am a parent of the child(ren). |
|  |  |  |
|  |  |   | I am a guardian of the child(ren). |
|  |  |  |
|  |  |   | I am a person standing in the place of a parent to the child(ren). *(Describe in paragraph 9 below)* |
|  |  |  |
|  |  |   | I am a grandparent whose contact with the child(ren) has been interrupted by  |
|  |  | the separation of the parents, which occurred on [approximate date]. |
|  |  |  |
|  |  |   | I am a grandparent whose contact with the child(ren) has been interrupted by |
|  |  | the death of the [father or mother] who died on [approximate date]. |
|  |  |  |

4. The child(ren) live(s) with      .

*(Choose any applicable statements)*

5. I am applying to the Court for an order specifying the following contact between the person for whom contact is proposed and the child(ren):

|  |  |
| --- | --- |
|   | visits: (provide dates and times that would be most suitable) |
|   | oral communication. |
|   | written communication. |
|   | other method of communication: (provide specifics)  |

6. The person for whom contact is proposed last had contact with the child(ren) on [date].

7. The proposed contact is in the child(ren)’s best interests because:

[specify - you may wish to refer to section 35 of the Family Law Act regarding the best interests of the child]

8. The guardian(s)’s denial of contact between the child(ren) and the person for whom contact is proposed is unreasonable because:

[specify]

9. 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 |