**Form FL‑52**

|  |  |
| --- | --- |
| COURT FILE NUMBER | Clerk’s Stamp |
| COURT | |  | | --- | |  |   COURT OF JUSTICE   |  | | --- | |  |   COURT OF KING’S BENCH |
| JUDICIAL CENTRE  (KING’S BENCH) |  |
| LOCATION  (COURT OF JUSTICE) |  |
| APPLICANT(S) |  |
| RESPONDENT(S) |  |
| DOCUMENT | **STATEMENT – REIMBURSEMENT FOR FAILURE TO EXERCISE TIME** |

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

I,      , swear/affirm that:

1. I am a guardian of the child(ren). I ask the Court to order reimbursement for expenses I have because the Respondent failed to exercise time with the child(ren).

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

3. I attach the most recent court order giving the Respondent time with the child(ren). To my knowledge this order has not been varied. (attach a copy)

4. The Respondent failed to exercise time with the child(ren) on the following days when I was expecting the child(ren) to be with him/her: *(Be specific as to WHEN, HOW and WHY. List all occurrences.)*

5. I have the following expenses because of the Respondent’s failure to exercise time with the child(ren): (attach receipts)

6. 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 |