**Form FL‑51**

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| COURT FILE NUMBER | Clerk’s Stamp |
| COURT | |  | | --- | |  |   COURT OF JUSTICE   |  | | --- | |  |   COURT OF KING’S BENCH |
| JUDICIAL CENTRE  (KING’S BENCH) |  |
| COURT LOCATION  (COURT OF JUSTICE) |  |
| APPLICANT(S) |  |
| RESPONDENT(S) |  |
| DOCUMENT | **STATEMENT – ENFORCEMENT OF TIME WITH A CHILD** |

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

I, [name], swear/affirm that:

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

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

3. The Respondent has denied me this time with the child(ren) in the following ways:   
*(Be specific as to WHEN, HOW and WHY. List all occurrences.)*

*(Choose all that apply. Provide details for any box(es) checked.)*

4. I ask the Court to order:

|  |  |
| --- | --- |
|  | compensatory time with the child(ren). |
|  |  |
|  | security from the Respondent. |
|  |  |
|  | reimbursement for expenses I have because the Respondent denied me time with the child(ren). (attach receipts) |
|  |
|  |  |
|  | other: [specify] |

*(Complete if applicable)*

5. I ask the Court to order:

|  |  |
| --- | --- |
|  | a fine (money) against the Respondent. |
|  |  |
|  | imprisonment of the Respondent. |
|  |  |
|  | an enforcement officer to assist me in obtaining time with the child(ren). |
|  |  |
|  | other: [describe] |
|  |  |
|  | I believe that these terms are necessary in the Enforcement Order, because none of the items listed in paragraph 4 will help for the following reasons:  [specify reasons] |
|  |

6. 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 |