**Form FL‑54**

Clerk’s Stamp

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| --- | --- |
| COURT FILE NUMBER |  |
| COURT | COURT OF KING’S BENCH |
| JUDICIAL CENTRE |  |
| APPLICANT(S) |  |
| RESPONDENT(S) |  |
| DOCUMENT | **STATEMENT – EXCLUSIVE POSSESSION OF HOME – HOUSEHOLD GOODS** |

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

I,      , swear/affirm that:

*(Choose one)*

1. I have also made an application for:

|  |  |
| --- | --- |
|  | child support. |
|  |  |
|  | spousal or adult interdependent partner support. |

*(Choose all that apply)*

2. I ask the Court to order:

|  |  |
| --- | --- |
|  | exclusive possession of the primary home. |
|  |  |
|  | the Respondent to be evicted from the primary home. |
|  |  |
|  | the Respondent to be restrained from entering or attending at or near the primary home. |
|  |  |
|  | exclusive use of the following household goods: *(Provide detailed description. Include serial numbers where available.)* |
|  |

*(Complete only if applicable)*

3. When the Respondent and I lived together, we occupied the primary home located at (address: include municipal address, and if available, legal description of property), which is:  *(Choose one)*

|  |  |
| --- | --- |
|  | owned by the Respondent. |
|  |  |
|  | owned by the Respondent and me. |
|  |  |
|  | rented by the Respondent. |
|  |  |
|  | rented by the Respondent and me. |
|  |  |
|  | other: *(describe)* |

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

4. I am making this request because:

|  |  |
| --- | --- |
|  | there is other accommodation available to the Respondent. |
|  |  |
|  | it is in the child(ren)’s best interests. |
|  |  |
|  | I cannot afford other accommodation. |
|  |  |
|  | other: *(specify)* |

*(Complete if applicable)*

5. I propose that expenses for the property or goods be paid as follows: *(specify rent, mortgage, utilities, taxes and any other expenses)*

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 |