# Form FL‑63

Clerk’s Stamp

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| COURT FILE NUMBER |  |
| COURT | |  | | --- | |  |   COURT OF JUSTICE   |  | | --- | |  |   COURT OF KING’S BENCH |
| JUDICIAL CENTRE  (KING’S BENCH) |  |
| COURT LOCATION  (COURT OF JUSTICE) |  |
| APPLICANT(S) |  |
| RESPONDENT(S) |  |
| DOCUMENT | **REPLY STATEMENT – VARY PARENTING** |

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

I, [name], swear/affirm that:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. | I am a guardian of the child(ren) named by the Applicant. | | | |
|  |  | | | |
| 2. | My relationship to the child(ren) is [father, aunt, etc.] | | | |
|  |  | | | |
| *(Choose one. Attach a copy of the Parenting Order if the Applicant did not.)* | | | | |
| 3. | Since the Parenting Order dated [date] was made: | | | |
|  |  | there has been no change in circumstances. | | |
|  |  | the following circumstances have changed: | | |
|  |  | [specify] | | |
|  |  |  | | |
| *(If the Applicant or you want to change the sharing of parenting time, choose one)* | | | | |
| 4. |  | I do not agree the current parenting time should be changed at all. | | |
|  |  | I agree with the changes in parenting time that the Applicant requests. | | |
|  |  | I agree the current parenting time should be changed, but I do not agree with the changes that the Applicant requests. Instead, I want the parenting time to be shared between the Applicant and me as follows: | | |
|  |  |  | | |
|  |  | [describe schedule here, or attach schedue] | | |
|  |  |  | | |
| *(If the Applicant or you want to change the conditions for parenting time, choose one)* | | | | |
| *5.* |  | I agree with the changes to parenting time conditions asked for by the Applicant. | | |
|  |  | I disagree with the changes to parenting time conditions asked for by the Applicant. I want conditions on: | | |
|  |  |  | | |
|  |  | the Applicant’s parenting time as follows: | | |
|  |  | [specify] | | |
|  |  | my parenting time as follows: | | |
|  |  | [specify] | | |
|  |  |  | | |
| *(If the Applicant or you want to change the sharing of decisions, choose one for each change)* | | | | |
| 6. | The decisions about the child(ren) should be: | | | |
|  | 1. | shared with Applicant. | | |
|  | 2. | Applicant’s responsibility only. | | |
|  | 3. | Respondent’s responsibility only. | | |
|  |  |  | | |
| *(Check only those statements where a change is requested)* | | | | |
|  | | | | |
|  | 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: [specify] |
|  |  |  |  |  |
| 7. | My requests are in the child(ren)’s best interests because: | | | |
|  | [You may wish to refer to section 18 of the Family Law Act regarding best interests of the child.] | | | |
|  |  | | | |
| 8. | I have the following other information in reply to the Applicant’s Claim: | | | |
|  | [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 | )  )  )  )  )  )  )  )  )  ) | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Respondent’s Signature |