# Form FL‑64

Clerk’s Stamp

|  |  |
| --- | --- |
| 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 – CONTACT** |

|  |  |
| --- | --- |
| 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) the Applicant wants to have contact with. | | |
|  |  | | |
| 2, | My relationship to the child(ren) is [father, aunt, etc.] | | |
|  |  | | |
| 3 | The child(ren) live(s) with      . | | |
|  |  | | |
| *(Choose any applicable statements)* | | | |
|  | | | |
| 4. | | I do not agree that the Applicant should have the contact with the child(ren) the Applicant has requested. Instead, I ask that the Applicant’s contact be as follows: | |
|  | |  | no contact of any type. |
|  | |  | visits: |
|  | |  | [provide dates and times that would be most suitable] |
|  | |  | oral communication. |
|  | |  | written communication. |
|  | |  | other method of communication: |
|  | |  | [specify] |
|  | |  |  |
| 5. | | The Applicant’s contact with the child(ren) should be limited to my proposal in paragraph 4 because: | |
|  | | [specify] | |
|  | |  | |
| 6. | | I believe the contact I have proposed for the Applicant is 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.] | |
|  | |  | |
| 7. | | 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 |