Form FL‑74

Clerk’s Stamp

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

|  |  |
| --- | --- |
| ADDRESS FOR SERVICE ANDCONTACT INFORMATION OFPARTY FILING THIS DOCUMENT |       |

I, [name], swear/affirm that:

|  |  |
| --- | --- |
| 1. | There is a court order giving me time with the child(ren). *(attach a copy of the order if the Applicant did not)* |
|  |  |
| 2. | My relationship to the child(ren) is [father, aunt, etc.]. |
|  |  |
| *(Choose all that apply. Provide details for any box(es) checked.)* |
| 3. | I do not agree that the Applicant is entitled to reimbursement of expenses as claimed because: |
|  |   | I provided reasonable notice to the Applicant that I would not be exercising my time with the child(ren). |
|  |  |  |
|  |   | the expenses claimed were not actually paid by the Applicant. |
|  |   | it was not necessary for the Applicant to pay the expenses claimed. |
|  |   | the expenses are not a result of time I did not spend with the child(ren). |
|  |   | other: [specify] |
|  |
| *(Choose one)* |
| 4. |   | I ask the Court to deny the Applicant’s claim for reimbursement of expenses. |
|  |   | I ask the Court to allow the Applicant’s claim for expenses in the amount of $      . |
|  |  |  |
| 5. | 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 |