

# Form 73G

## FAMILY CIRCUMSTANCES SUMMARY

COURT OF KING'S BENCH OF NEW BRUNSWICK  
FAMILY DIVISION  
JUDICIAL DISTRICT OF \_\_\_\_\_

|                            |
|----------------------------|
| Court File Number<br>_____ |
|----------------------------|

BETWEEN:

|       |               |
|-------|---------------|
| _____ | APPLICANT     |
| _____ | and           |
| _____ | RESPONDENT(S) |

## FAMILY CIRCUMSTANCES SUMMARY

(FORM 73G)

for proceedings commenced under Part 5 of the *Child and Youth well-Being Act*

1. List the parents and any possible interested persons

| Name  | Status<br>(parent or interested person) |
|-------|-----------------------------------------|
| _____ | _____                                   |
| _____ | _____                                   |
| _____ | _____                                   |
| _____ | _____                                   |
| _____ | _____                                   |
| _____ | _____                                   |

2. List the names of the child(ren) and youth, with their date(s) of birth:

| Name  | Date of birth |
|-------|---------------|
| _____ | _____         |
| _____ | _____         |
| _____ | _____         |
| _____ | _____         |
| _____ | _____         |

3. List the name(s) of the currently assigned social worker(s):

| Parents | Child(ren) or youth |
|---------|---------------------|
| _____   | _____               |
| _____   | _____               |
| _____   | _____               |
| _____   | _____               |
| _____   | _____               |

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4. Briefly describe the past involvement with the family and any previous issues (*if relevant*):

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5. Briefly describe the specific event(s) that led to the protective care intervention for the child(ren) or youth:

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6. Outline the current involvement with the family, child(ren) and/or youth and any child protection concerns:

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7. Describe the current placement status of child(ren) and/or youth in care (e.g., foster home, group home, extended family, kinship placement, etc.) and any considered order of placements:

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8. Indicate whether the child(ren) and/or youth is/are Indigenous and to which Indigenous governing body the child(ren) or youth belong(s) *(if applicable)*:

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- ☐ Check here if Notice has been provided to the Indigenous governing body.  
Date notified: \_\_\_\_\_, *(if applicable)*

9. Describe any collaborative approaches taken and/or relief care social services considered *(if applicable)*:

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10. Describe the plan for the care of the child(ren) and/or youth and the proposed services and expected outcomes if an order is granted *(the case plan may be attached, along with a schedule of visits)*:

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11. Outline the views and preferences of the child(ren) and/or youth if they can be determined *(if applicable)*:

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**12.** If child support is requested, in what amount (if known) and on what basis? *(if applicable)*:

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**13.** Provide any other relevant information concerning the family, child(ren) and/or youth:

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DATED at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

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Name of social worker

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Signature