Form 73H

RESPONSE TO A NOTICE OF APPLICATION

COURT OF KING'S BENCH OF NEW BRUNSWICK
FAMILY DIVISION
JUDICIAL DISTRICT OF . - select the district -

Court File Number _____

BETWEEN:

_____ APPLICANT

and

_____ RESPONDENT(S)

RESPONSE TO A NOTICE OF APPLICATION

(FORM 73H)
for proceedings commenced under Part 5 of the *Child and Youth well-Being Act*

Respondent

Address for service: *(street and number, city/town/village, province/state, country, postal code)*

_____

E-mail address *(if any):* _____

Telephone numbers
Work: _____
Home: _____

Lawyer for Respondent

Name of lawyer for Respondent: _____

Name of lawyer's firm *(if applicable):* _____

Address for service: *(street and number, city/town/village, province, postal code)*

_____

E-mail address *(if any):* _____

Telephone number: _____

Fax number *(if any):* _____

Respondent (2nd)

Address for service: *(street and number, city/town/village, province/state, country, postal code)*

_____

E-mail address *(if any):* _____

Telephone numbers
Work: _____
Home: _____

Lawyer for Respondent (if different from 1st Respondent)

Name of lawyer for Respondent: _____

Name of lawyer's firm *(if applicable):* _____

Address for service: *(street and number, city/town/village, province, postal code)*

_____

E-mail address *(if any):* _____

Telephone number: _____

Fax number *(if any):* _____

Form 73H

Choose one of the following options regarding the Notice of Application (Form 73F):

◯ I consent (agree) to the Notice of Application (Form 73F). However, I do not agree with the following details (if applicable): *(List the parts you do not agree with.)*

◯ I disagree with the Notice of Application (Form 73F).

◯ I do not want to participate in the Court hearing and want the judge to decide what is best for the child(ren) and/or youth.

If you disagree with the Notice of Application (Form 73F), provide the following information:

1. Reasons for disagreeing with the application:
(Explain why you do not agree with the application.)

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2. Plan for the care of the child(ren) or youth:
(Describe how you plan to care for the child(ren) or youth.)

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3. Current services or supports from the Minister of Social Development:
(List the services or supports you are currently receiving.)

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4. Requested services or supports:
(List any services or supports you are asking for.)

If the child(ren) or youth are not placed in your care, please identify the best person to take care of them.

The grounds to be argued, including a reference to any statutory provision or rule relied upon (the section(s) of the laws, regulations and Rules of Court being used to support your position), are set out as follows: *(Provide the legal reasons and any laws or rules that support your position.)*

The respondent plans to proceed in the _____ language(s) (English, French or both).

Before the hearing of the Application, the Court will ask you to file an affidavit with evidence supporting your position. Any affidavit or other evidence must be filed with the Court no later than 5 days before the final hearing or at a date set by the Court.

DATED at _____ this _____ day of _____, 20___.

_____

Signature of Lawyer for Respondent
(or Signature of Respondent*, where not represented by a Lawyer)*