

Court File Number

(Name of court)

at Court office address

Form 33B.2: Answer (Child, Youth and Family Services Act, 2017 Cases other than Child Protection and Status Review)

Applicant(s)

Full legal name & address for service — street & number, municipality, postal code, telephone & fax numbers and e-mail address (if any).

[Empty box for Applicant(s) details]

Lawyer's name & address — street & number, municipality, postal code, telephone & fax numbers and e-mail address (if any).

[Empty box for Lawyer's name & address]

Respondent(s)

Full legal name & address for service — street & number, municipality, postal code, telephone & fax numbers and e-mail address (if any).

[Empty box for Respondent(s) details]

Lawyer's name & address — street & number, municipality, postal code, telephone & fax numbers and e-mail address (if any).

[Empty box for Respondent(s) lawyer's name & address]

Children's Lawyer

Name & address for service for Children's Lawyer's agent - street & number, municipality, postal code, telephone & fax numbers and e-mail address (if any) and name of person represented.

[Empty box for Children's Lawyer details]

TO THE APPLICANT(S):

(Note to the respondent(s): If you are making a claim against someone who is not an applicant, insert the person's name and address here.)

AND TO: (full legal name) , an added respondent, of (address for service of added party)

(Note to the respondent(s): You must complete, serve, file and update this form if any significant changes regarding the child(ren) occur after you sign this form.)

I am/We are (full legal name(s)) and I am/we are (state your relationship to the child(ren))

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1. The child(ren) in this case is/are:

Child's Full Legal Name	Birthdate	Age	Sex	Full Legal Name(s) of Parent(s)		Is the Child First Nations, Inuk, or Métis?	Child's Bands and First Nations, Inuit, or Métis Communities

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2. I/We agree with the following facts in the application (Form 8B.2 or 34L). *(Refer to the numbered paragraph(s) in the application.)*

I/We disagree with the following facts in the application (Form 8B.2 or 34L). *(Refer to the numbered paragraph(s) in the application.)*

(Attach an additional page and number it if you need more space.)

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3. Do you agree that the court should make the order requested?

Yes

No

Give reasons:

(Attach an additional page and number it if you need more space.)

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IMPORTANT FACTS SUPPORTING MY/OUR POSITION

(In numbered paragraphs, set out the facts that form the legal basis for your position. Attach an additional page and number it if you need more space.)

Put a line through any blank space left on this page.

Date of signature

Signature

Date of signature

Signature