**Form 59.08**

20 No.

Supreme Court of Nova Scotia

(Family Division)

Between: [copy standard heading]

[full name, including middle name(s)]

Applicant

and

[full name, including middle name(s)] Respondent

**Response to Application**

**To:** [name(s) of applicant or applicants]

**The respondent requests an order**

The respondent, [name of party] , is applying for an order which would affect the following children: [may delete if there are no children affected]

|  |  |  |
| --- | --- | --- |
| Child’s Last Name | First and Middle Names | Date of Birth (d/m/y) |
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**The respondent is applying for an order for the following:** [Read the instructions in each part below. Complete as applicable to your case.]

|  |  |
| --- | --- |
| **PART I:** □ **relief under the *Parenting and Support Act*** (This part will generally apply to you if you are *not* divorced from or divorcing the other party and you are seeking any relief set out in the boxes below. To complete this part, check this box and all relevant boxes below.) | |
| **Parenting** | **Contact** |
| □ custody and parenting arrangements (s. 18)  □ leave to apply by person who is not a  parent or guardian  □ parenting time (s. 18)  □ primary care (time in excess of 60%)  □ shared parenting (time between 40-60%)  □ other  □ leave to apply by person who is not a  parent/guardian  □ paternity testing (s. 27) | □ grandparent contact time (s. 18)  □ grandparent interaction (s. 18)  □ contact time (s. 18)  □ leave to apply by person who is not a  parent, grandparent or guardian (s. 18)  □ interaction (s. 18)  □ leave to apply by person who is not a  parent, grandparent or guardian (s. 18) |
| **Support** | |
| □ child support involving (must choose one)  □ married parents/guardians (s. 9)  □ unmarried parents/finding of paternity  (s. 11)  □ child support details (must complete)  ☐ payable from (date) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_forward  ☐ table amount  ☐ special or extraordinary expenses  □ administrative recalculation  (*Administrative Recalculation of*  *Child Support Regulations, s.8)*  □ medical insurance (s. 9 or 11) | □ spousal support (s. 3)  ☐ payable from (date) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ forward |
| **Relocation** | **Other** |
| □ determining or waiving notice for relocation (s.18F)  □ relocation of a child (s.18G)  □ authorizing  □ preventing  □ relocation of a parent (s.18G) | □ exclusive occupation of residence (s. 7)  □ registering an agreement or parenting plan (s. 52)  □ addressing denial of time or interaction with a child (s.40)  □ addressing failure to exercise time or interaction with a child (s.40A)  □ requiring the respondent’s appearance to explain failure to comply with an order (s.41) |

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| **PART II:** □ **relief under the *Maintenance Enforcement Act*** (This part may apply if there is a dispute about the amount of child support owing or paid during a period of time *before* the date this application was filed. To complete this part, check this box and all relevant boxes below.) | |
| □ addressing a dispute between the parties about the amount of arrears (s. 15) | □ enforcing arrears incurred before the support order was filed with the Maintenance  Enforcement Program and after receiving the Director’s written confirmation of (date) \_\_\_\_\_\_\_\_\_\_\_\_\_\_stating that those arrears will not be enforced (s. 15) |

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| **PART III:** □ **relief under the *Divorce Act* – for non-spouses**  (To complete this part, check this box and relevant boxes below.)  **NOTE:** If you want to change a court order made under the *Divorce Act*, do **not** use this form. You  **must** complete the Notice of Variation Application Form (Form FD 59.12) instead of this form. |
| ☐ contact arrangements and leave to apply by a person who is *not* a divorcing spouse (s. 16.5 & 16.5(3)) (e,g. grandparent, or someone else important to the child)  ☐ contact time  ☐ interaction  ☐ parenting arrangements and leave to apply by a person who is *not* a divorcing spouse but who is a parent, stands in the place of a parent, or intends to stand in the place of a parent (s. 16.1 & 16.1(3))  (e,g. grandparent or someone else who is like a parent to a child, or who wants to be)  ☐ parenting time  ☐ decision-making responsibility  □ other [give specifics, including relevant section number(s)]\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **PART IV:** □ **Other** (This part may apply to you if the relief you are seeking is not listed above. Examples: relief under the *Vital Statistics Act*, *Change of Name Act*, unjust enrichment/constructive trust, or other authority. To complete this part, please check this box and complete the portion below.) |
| □ costs  □ other [give specifics, including legislation or other legal authority for relief sought]\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

The applicant started this application by filing their notice on the date certified by the court officer.

**Other relevant proceedings and orders**

The respondent confirms that: [may delete the one that does not apply]

* There are, and there were, *no* other proceedings between the parties, or proceedings/ circumstances affecting the well-being or safety of the children/parties;

OR

* There are, or there were, other proceedings between the parties, or proceedings/circumstances affecting the well-being or safety of the children/parties, details of which are as follows: [complete the sections below for each proceeding]

Type of proceeding(s) & court file number: [describe each, for instance civil, protection, criminal or other proceeding] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Order(s) or other measure: [describe, such as an order to protect a person’s safety, recognizance or undertaking, peace bond, condition, etc.]\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Circumstance(s): [describe]\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Documents in support of response**

The respondent files the following documents in support of the response:

☐ parenting statement

☐ statement of income

☐ statement of contact time and interaction

☐ statement of special or extraordinary expenses

☐ statement of undue hardship circumstances

☐ statement of expenses

☐ statement of property

☐ pre-hearing brief

☐ affidavit of [name] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

☐ other affidavits and documents [give specifics] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

A copy of each document is to be delivered to you with this notice.

**Designated address for service**

The respondent designates the following address for delivery of documents:

Documents delivered to this address will be considered to be received by the respondent on delivery.

**Signature & certificate of respondent**

By signing below, I confirm that this is my response to application and certify that I am aware of my duties, including:

1. I must exercise any decision-making responsibility or parenting time allotted to me, or contact time under a contact order, in a manner that is consistent with the best interests of the child/children;
2. To the best of my ability, I must protect the child/children from conflict arising from this proceeding;
3. To the extent that it is appropriate to do so, I must try to resolve the issues in this proceeding through a family dispute resolution process;
4. I must provide complete, accurate and up-to-date information as required under law, as part of this proceeding and under a Court Order; and,
5. If I am subject to an order, I must follow and comply with the order until it is no longer in effect.

Signed , 20

Signature of respondent

Print name:

[complete additional signature if more than one respondent]

Signed on , 20

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of respondent

Name:

**Counsel’s certificate** [delete if not applicable]

I, counsel for the respondent, certify that I have complied with the requirements of section 7.7 of the *Divorce Act*.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of counsel

For delivery with supporting documents to each applicant:

[full name and address of each]