

APPENDIX OF FORMS  
FORM 81B

AFFIDAVIT IN SUPPORT OF CLAIM FOR PARENTING ORDER

Court File No \_\_\_\_\_

IN THE COURT OF QUEEN'S BENCH OF NEW BRUNSWICK  
FAMILY DIVISION  
JUDICIAL DISTRICT OF .....

BETWEEN:

Applicant(s)

and

Respondent(s)

AFFIDAVIT IN SUPPORT OF CLAIM FOR PARENTING ORDER  
(FORM 81B)

**Applicant**

Address for service: \_\_\_\_\_  
(street and number)

\_\_\_\_\_  
(city, town, village) (province) (postal code)

E-mail address (if any): \_\_\_\_\_

Telephone number: \_\_\_\_\_ (work)

\_\_\_\_\_ (home)

Fax number (if any): \_\_\_\_\_

**Solicitor for applicant**

Name of solicitor for applicant: \_\_\_\_\_

Name of solicitor'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): \_\_\_\_\_

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**Respondent**

Address for service: \_\_\_\_\_  
(street and number)

\_\_\_\_\_  
(city, town, village)

\_\_\_\_\_  
(province, state, country)

\_\_\_\_\_  
(postal code)

E-mail address (if any): \_\_\_\_\_

Telephone number: \_\_\_\_\_ (work)

\_\_\_\_\_ (home)

Fax number (if any): \_\_\_\_\_

**Solicitor for respondent**

Name of solicitor for respondent: \_\_\_\_\_

Name of solicitor'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): \_\_\_\_\_

*(If you need more space, attach extra pages.)*

**My name is** (full legal name) \_\_\_\_\_

**My date of birth** is (day, month, year) \_\_\_\_\_

**I live in:**

\_\_\_\_\_  
(city, town, village)

\_\_\_\_\_  
(province, state, country)

**I make oath (or solemnly affirm) and say that the following is true:**

*(Write "N/A" if any of the sections do not apply to you or the child(ren).)*

**1. During my life, I have also used or been known by the following names:**

**2. The child(ren) in this proceeding is/are:**

Child's full legal name	Birth date (day, month, year)	Age	Full legal name(s) of parent(s)	Name(s) of all people the child lives with now (Include address if the child does not live with you.)	My relationship to the child (Specify if parent, grandparent, family friend, etc.)

**3. I am also the parent of or have acted as a parent (for example, as a step-parent, legal guardian, etc.) to the following child(ren):** (Include the full names and birth dates of any child(ren) not already listed in section 2.)

Child's full legal name	Birth date (day, month, year)	My relationship to the child (Specify if parent, step-parent, grandparent, family friend, etc.)	Name(s) of person(s) with whom the child lives now (if the child is under 19 years of age)

**4. I am or have been a party in the following court proceeding(s) involving parenting time or decision-making responsibility with respect to any child:** (Include the child(ren) in this proceeding and any other child(ren). Do not include child protection court proceedings in this section. Attach a copy of any parenting orders you have.)

Court location	Names of parties in this proceeding	Name(s) of child(ren)	Court orders made (Include dates of orders.)

**5. I have been a party or person responsible for the care of a child in the following child protection court proceeding(s):** (Attach a copy of any relevant court order(s) or endorsement(s) you have.)

Court location	Names of people involved in the proceeding	Court orders made (Include dates of orders.)

**6. I have been found guilty of the following criminal offence(s) for which I have not received a pardon:**

Charge	Approximate date of finding of guilt	Sentence received

**7. I am now charged with the following criminal offence(s):**

Charge	Date of next court appearance	Terms of release while waiting for trial <i>(Attach copy of bail or other release conditions, if any.)</i>

**8. The following additional facts should be considered when determining the child(ren)'s best interests:**

**9. To the best of my knowledge, since birth, the child(ren) in this proceeding has/have lived with the following caregiver(s):** *(including a parent, legal guardian, foster parent, group home, etc.)*

Child's Name	Name(s) of Caregiver(s)	Period(s) of Time with Caregiver(s) <i>(day, month, year to day, month, year)</i>

**10. My plan for the care and upbringing of the child(ren) is as follows:**

a) I plan to live at the following address:

\_\_\_\_\_

(street and number)

\_\_\_\_\_

(city, town, village)
(province, state, country)
(postal code)

b) The following people (other than the child(ren) involved in this proceeding) will be living with me:

Full legal name and other names this person has used	Birth date (day, month, year)	Relationship to you	Has a child of this person ever been in the care of Child Protection Services?	Has this person been found guilty of a criminal offence (for which he/she has not received a pardon) or is he/she currently facing criminal charges? (If yes, give details.)

c) Decisions for the child(ren) (including education, medical care, religious upbringing, extra-curricular activities, etc.) will be made as follows:

**jointly by me and** (name(s) of person(s)) \_\_\_\_\_

**by me**

**by** (name(s) of person(s)) \_\_\_\_\_  
(If necessary, provide additional details below.)

d)  I am a stay-at-home parent.

I work:  full time.  part time.

I attend school:  full time.  part time.

at: (Specify the name of your place of work or school.) \_\_\_\_\_

I anticipate that my plans for work and/or school may change as follows: (Complete if you know or expect that you will be doing something different from that you are doing now.)

e) The child(ren) will attend school, daycare or be cared for by others on a regular basis as follows:

f) My plan for the child(ren) to have regular contact with others, including the child(ren)'s parent(s) and family members, is as follows:

g) Check the appropriate box:

The child(ren) does not/do not have any special medical, educational, mental health or developmental needs.

- The child or one or more of the children has/have the following special needs and will receive support and services for those needs as follows: *(If a child does not have special needs, you do not have to include information about that child below.)*

Name of child	Special need(s)	Description of child's needs	Support or service child will be receiving <i>(Include the names of any doctors, counsellors, treatment centres, etc. that are or will be providing support or services to the child.)</i>
	<input type="checkbox"/> medical <input type="checkbox"/> educational <input type="checkbox"/> mental health <input type="checkbox"/> developmental <input type="checkbox"/> other		
	<input type="checkbox"/> medical <input type="checkbox"/> educational <input type="checkbox"/> mental health <input type="checkbox"/> developmental <input type="checkbox"/> other		
	<input type="checkbox"/> medical <input type="checkbox"/> educational <input type="checkbox"/> mental health <input type="checkbox"/> developmental <input type="checkbox"/> other		

h) I will have support from the following relatives, friends or community services in caring for the child(ren):

**11. I acknowledge that the court needs up-to-date and accurate information about my plan in order to make a parenting order in the best interests of the child(ren). If, at any time before a final order is made in this proceeding,**

- a) there are any changes in my life or circumstances that affect the information provided in this affidavit, or
- b) I discover that the information in this affidavit is incorrect or incomplete,

**I will immediately file and serve either:**

- a) an updated Affidavit in Support of Claim for Parenting Order (Form 81B); or

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b) if the correction or change is minor, an affidavit describing the correction or change and indicating any effect it has on my plan for the care and upbringing of the child(ren).

\_\_\_\_\_ (Initial here to show you have read this section and you understand it.)

SWORN TO )  
(or SOLEMNLY )  
AFFIRMED) )  
  
before me )  
  
at \_\_\_\_\_ )  
  
in the Province, State or Country )  
  
of \_\_\_\_\_ )  
  
this \_\_\_\_\_ day )  
  
of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
A Commissioner of Oaths /  
A Notary Public (if outside  
New Brunswick)

\_\_\_\_\_  
Signature of Applicant or Respondent