FORM 27

(Child and Youth Well-Being Act, S.N.B., 2022, c.35, s.136(2))

Court File Number
IN THE COURT OF KING'S BENCH OF NEW BRUNSWICK
FAMILY DIVISION
JUDICIAL DISTRICT OF
RESPONSE TO APPLICATION BY
Name of Respondent:
Address for service:
Telephone number:
Counsel: (If represented by counsel, give full name, address and telephone number.)
Check one of the following boxes:
☐ Application approved The Respondent approves the granting of the application.
☐ Opposed to application The Respondent opposes the granting of the application.
☐ No position is taken on the application The Respondent takes no position on the granting of the application.
Reasons cited for response:
(signature of Respondent)