# Form FD2B

20 No.

**Supreme Court of Nova Scotia**

**(Family Division)**

Between:

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

Applicant/Petitioner

and

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

Respondent

**Statement of Contact Time and Interaction**

Completed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[first and last name of person]

Completed on: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[day/month/year]

**You are advised to seek legal advice if you need help in completing this form.**

[The term “child/children” in this document means the child or any of the children who are the subject of the court application.]

[If you do not have enough room to give information in any section, please attach extra page(s) and mark with the section number.]

Section 1: RELATIONSHIP TO CHILD

Please describe your relationship to each child:

|  |  |  |  |
| --- | --- | --- | --- |
| Child’s Last Name | Child’s First and Middle Names | Date of Birth (d/m/y) | Relationship  (e.g. grandparent, sibling of parent, family friend, etc.) |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Section 2: RELATIONSHIP BETWEEN PARTIES

Relationship between the parties

* I am a parent of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[name of parent/guardian of child/children]

* I am a relative of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[name of parent/guardian of child/children]

* Other [describe relationship]: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Section 3: CURRENT CONTACT TIME/INTERACTION AVAILABILITY

* I work from home
* I am retired and not working
* I work regular days and hours from [day] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to [day] \_\_\_\_\_\_\_\_\_\_\_\_\_\_ and [hour] from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_to [hour] \_\_\_\_\_\_\_\_\_\_\_\_\_\_

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* I work shift work and my regular pattern of days and hours is as follows [describe]: \_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

* I work part time irregular days and hours as follows [describe]:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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* I am not working because:

□ I am unemployed.

□ I am on maternity or parental leave.

□ I am disabled.

□ I am financially supported by [describe person or circumstances]: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

□ Other [describe circumstances]: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Section 4: REASONS FOR REQUESTING AN ORDER

* I have asked for contact or interaction with the child/children and all of my requests were refused
* I have not had any contact or interaction with the child/children since [date] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Other [describe circumstances]: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Section 5: CONTACT TIME PROPOSAL

|  |  |  |
| --- | --- | --- |
| I propose the following regular schedule for contact time with the child/children: | | |
|  |  |  |
|  | □ | a weekend visit once every [describe time period: week/month/number of weeks/months] beginning [day] at [*a.m./p.m.*] until [day] at [*a.m./p.m.*]. |
|  | □ | a weekday visit once every [describe time period: week/month/number of weeks/months] beginning [day] at [*a.m./p.m.*] until [day] at [*a.m./p.m.*]. |
|  | □ | at times and places I have agreed upon, or the court orders, with supervision of my contact time by [name]. |
|  | □ | at times determined with and supervised through a Supervised Access and Exchange (SAE) program (may not be available in all areas). |
|  | □ | other [describe when the child/children will be in your care]: |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  | |
| I propose the following contact time with the child/children during holidays: | | |
|  |  | |
|  | □ | no additional time beyond the regular schedule for contact time. |
|  | □ | additional contact time [describe each holiday and time request in detail]: |
|  |  |  |
|  |  |  |
|  |  |  |

Section 6: TRANSPORTATION BETWEEN HOMES

|  |  |
| --- | --- |
| □ | I will pick up the child/children from the home of the parent/guardian\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [name] and return the child/children to the parent’s/guardian’s home. |
| □ | I will go to the home of the parent/guardian [name] to pick up the child/children and the parent/guardian will pick up the child/children from my home. |
| □ | I will meet the parent/guardian [name] at \_\_\_\_\_\_\_  [name the location] to pick up and drop off the child/children. |
| □ | I will pick up and return the child/children to and from the child care provider or school. |
| □ | Other [describe]: |
|  |  |
|  |  |
|  |  |

Section 7: INTERACTION PROPOSAL

|  |  |  |
| --- | --- | --- |
| I propose the following interaction with the child/children: | | |
|  |  | |
|  | □ | attend the following activities [describe, for example: school events, extracurricular activities, religious and cultural events]: |
|  |  |  |
|  |  |  |
|  |  |  |
|  | □ | send cards or gifts [describe when, for example: birthday, holidays, special events]: |
|  |  |  |
|  | □ | receive cards or gifts [describe when, for example: birthday, holidays, special events]: |
|  |  |  |
|  | □ | communicate with each child in writing by [describe, for example: letters, e-mails, texts]: |
|  |  |  |
|  |  | with the following frequency [describe frequency: number of times per week or month]: |
|  |  |  |
|  | □ | communicate with each child verbally by [describe, for example: telephone, internet conferencing]: |
|  |  |  |
|  |  | with the following frequency [describe frequency: number of times per week or month]: |
|  |  |  |
|  | □ | receive photographs of each child from a person named in the order |
|  | □ | receive information regarding the health, education and well-being of each child from a person named in the order |
|  | □ | other [describe]: |
|  |  |  |
|  |  |  |
|  |  |  |

I declare that the above information is accurate to the best of my knowledge.

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Date |  | Signature |
|  |  |  |
|  |  |  |
|  |  | Full name [please print] |