

FORM CFS-19

THE KING'S BENCH

THE PROVINCIAL COURT

(FAMILY DIVISION)

OR

(FAMILY DIVISION)

_____ CENTRE

OF _____

IN THE MATTER OF: *The Child and Family Services Act* – section 30

AND IN THE MATTER OF:

born the _____ day of _____, _____

BETWEEN:

Petitioner,

-and-

Respondent(s).

PETITION AND NOTICE OF HEARING

TAKE NOTICE that the Petitioner seeks a finding that the above-named child was, on the _____ day of _____, _____, and is still, in need of protection.

AND TAKE NOTICE that a hearing will be held at _____ (location), _____, Manitoba, on _____, the _____ day of _____, _____, at _____ o'clock in the _____ ("forenoon or afternoon"), and that you are entitled to be represented by legal counsel but if you do not attend in person or by counsel at that time and place, an order may be made in your absence.

AND FURTHER TAKE NOTICE that one of the following orders may be made if the child is found to be in need of protection, namely:

[(Please check appropriate box(es)]

- an Order of Supervision; or
- an Order that the child be placed with such person, other than a parent or guardian, that the judge considers best able to care for the child, with or without transfer of guardianship; or
- an Order of Temporary Guardianship; or
- an Order of Permanent Guardianship; or

such other Order as may be just.

The Petitioner proposes that the following times and conditions of access shall apply pending the hearing of the petition:

TO: The above-named Respondent(s)

Your next court date is on _____ at _____ at _____ . (date) (time) (location)

WAIVER OF TWO CLEAR DAYS' NOTICE

I hereby give up my right to two clear days' notice of the date of the hearing of the application as described herein.

Witness

Respondent

Witness

Respondent

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DISCLOSURE OF FINANCIAL INFORMATION

TAKE NOTICE that if you are the child's parent or guardian you must within ten days of receiving this notice, file with the Court at [address of court] and serve the agency [name of agency] at [address of agency], with the Declaration of Family Income Form, Form CFS-10 that accompanies this petition.

DATED this ____ day of _____, ____.

(Petitioner)

(Address of Petitioner)

NOTE: Wording may be adapted if more than one child.

M.R. 76/2000; 205/2001