COURT FILE NUMBER	_____
COURT	Court of Queen's Bench of Alberta
JUDICIAL CENTRE	_____
APPLICANT	_____
RESPONDENT	_____
DOCUMENT	**Affidavit in Response**
SWORN / AFFIRMED BY:	_____ *Name of person making this Affidavit*
SWORN / AFFIRMED ON:	_____ *Date Affidavit sworn / affirmed*
ADDRESS FOR SERVICE AND CONTACT INFORMATION OF PARTY FILING THIS DOCUMENT	_____ *Name* _____ *Full address* _____ ( ) _____

Clerk's Stamp

I, _____, of _____, Alberta,
Your name *Name of City/Town*

MAKE OATH / AFFIRM AND SAY THAT:

1. I have personal knowledge of the following information, except where I say that it is based on information from another person, in which case, I believe that information to be true.

2. I have read the Affidavit filed by the Applicant, and I make this Affidavit in response to the application of the Applicant.

3. ☐ I agree to the following things the Applicant is asking for: *(Give details)*

_____
_____
_____
_____
_____
_____

4. ☐ I do not agree with the following things the Applicant is asking for, because:
(Give details of what you disagree with and why)

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

OTHER INFORMATION

5. I have the following other information in response to the Applicant's application:

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Sworn (OR Affirmed) before me

on _____, 20 _____

at _____, Alberta.

_____
Commissioner for Oaths,
Justice of the Peace, or Notary Public
in and for the Province of Alberta

_____
Signature of person swearing / affirming Affidavit

ID Verified _____