

**IN THE SUPREME COURT OF NEWFOUNDLAND AND LABRADOR
TRIAL DIVISION (FAMILY)
COURT FILE NO. _____**

**IN THE MATTER OF the *Adoption Act, 2013*,
SNL2013 cA-3.1**

AND AN APPLICATION BY

_____ **APPLICANT(S)**
Full Name(s) of Applicant(s) (include Maiden Name, if applicable)

TO DISPENSE WITH THE CONSENT OF

_____ **RESPONDENT**
Name of Person whose consent Applicant(s) want(s) court to dispense with

APPLICATION TO DISPENSE WITH CONSENT

I / We, the Applicant(s) _____
Full Name of Applicant(s) (Include Maiden Name, if applicable)

of _____, say:
Applicant(s) full mailing address

1. **THAT** I/we wish to apply to adopt _____,
Child's Full Name (including birth surname)
(the "child") who, to the best of my/our knowledge and belief, was born in
_____ on the _____ day of _____, _____,
Province / Territory / Country Day Month Year
and who has resided with me/us since the _____ day of _____, _____.Day Month Year

2. **THAT** the child's birth mother is _____.
Full name of child's birth mother

3. **THAT** the child's birth father is _____.
Full name of child's birth father

Check and complete the applicable section(s):

4. **THAT** the consent of _____ is attached as Appendix "A".
Name of the birth parent who has provided consent

5. **THAT** the Respondent _____, is not capable of giving consent for
Name of Respondent
the following reason(s):

Explain why Respondent is not capable of giving consent.

6. **THAT** I/we made the following contact, or attempts to contact _____
Name of Respondent

Explain how Applicant(s) contacted Respondent to request consent or describe attempts made to contact Respondent. If applicable, attach copy of letter(s) sent notifying Respondent about adoption and proof that letter was received.

7. **THAT** the Respondent _____ has been contacted and requested to
Name of Respondent
provide consent, however, he has not done so.

Explain Applicant(s) understanding of why Respondent who is able to provide consent will not provide consent.

8. **THAT** the nature of the relationship of _____ with the child
Name of Respondent
is as follows:

Describe Respondent's relationship with the child. Does he/she pay support, see the child, has he/she abandoned or deserted the child, made reasonable efforts to meet his or her parental obligations, etc.

9. **THAT** this Application is made pursuant to Section 22 of the *Adoption Act, 2013* for an order dispensing with the consent of _____
Name of Respondent
for the purpose of the adoption of _____
Child's Full Name

DATED at _____, in the Province of Newfoundland and Labrador, this
City / Town
_____ day of _____, 20_____.

Applicant's Signature

Applicant's Signature (if applicable)

AFFIDAVIT

I, _____
Full name of Applicant

of _____ in the Province of Newfoundland
Applicant's mailing address

and Labrador, make oath (or affirm) and say as follows:

1. **THAT** I have read and I understand the foregoing Application.
2. **THAT** the contents are true to the best of my knowledge, information and belief.

SWORN TO (OR AFFIRMED)

at _____, in the
Province of Newfoundland and Labrador, this
_____ day of _____, 20_____,
before me:

Signature of Person Authorized to Take an Oath

Signature of Applicant

AFFIDAVIT

I, _____
Full name of Applicant

of _____ in the Province of Newfoundland
Applicant's mailing address

and Labrador, make oath (or affirm) and say as follows:

1. **THAT** I have read and I understand the foregoing Application.
2. **THAT** the contents are true to the best of my knowledge, information and belief.

SWORN TO (OR AFFIRMED)

at _____, in the
Province of Newfoundland and Labrador, this
_____ day of _____, 20_____,
before me:

Signature of Person Authorized to Take an Oath

Signature of Applicant