

**FORM 4**

**IN THE PROVINCIAL COURT OF NEWFOUNDLAND AND LABRADOR**

**COURT CENTRE:** \_\_\_\_\_

Court File No. \_\_\_\_\_

BETWEEN: \_\_\_\_\_

**APPLICANT**

AND: \_\_\_\_\_

**RESPONDENT**

**RESPONSE**

1.  I do not contest any of the claims made in the Application.

**OR**

2. I contest the following claims made in the Application:

- |  |  |
|--|--|
| <input type="checkbox"/> Child Support                     | <input type="checkbox"/> Spousal or Partner Support    |
| <input type="checkbox"/> Special or Extraordinary Expenses | <input type="checkbox"/> Access to a child or children |
| <input type="checkbox"/> Custody                           | <input type="checkbox"/> Declaration of parentage      |
| <input type="checkbox"/> Other                             |  |

3. I do not agree with those claims for the following reasons: (attach a separate page if necessary)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**AND**

4. I seek an order for the following:

\_\_\_\_\_

\_\_\_\_\_

**If you are responding to or making a claim in relation to support, you must attach the required financial information to this Response before sending it to the Applicant or filing it with the Court.**

I delivered a copy of this Response to the Applicant  
by \_\_\_\_\_  
on the \_\_\_\_\_ day of \_\_\_\_\_

\_\_\_\_\_  
Respondent

\_\_\_\_\_  
Signature of Respondent

Address and telephone number(s):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

FILED this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Court Clerk

- Original (Court)
- Applicant's Copy
- Respondent's Copy
- FJS Copy