

Police File # (if known):	
Court Location:	

## PROVINCIAL COURT OF NEWFOUNDLAND AND LABRADOR

BETWEEN	Applicant	
	D.O.B. (YYYY/MM/DD	
AND	Respondent	
	D.O.B. (YYYY/MM/DD	
	DEDLY	
(Section 23 of the Pro	REPLY ovincial Court Family Violence Protection Rules)	
(200000 20 o <b>j</b> 110 2 o		
I contest the following claims made in the ap	oplication:	
I make this statement conscientiously and in statement under oath.	a good faith. I understand that it is an offence to knowingly make a fals	
SWORN/AFFIRMED before me		
at in the Province of Newfoundland and Labrad	dor	
this day of 20		
20	Signature of Applicant/Respondent	
	2	
A Person authorized to Administer Oa	<del></del> ths	

*Note:* Please forward a copy to the other party and to the Court at least two days before the hearing.