FORM 15

NOTICE OF HEARING

(Interjurisdictional Support Orders Act, S.N.B. 2002, c.I-12.05, ss.9(1)(b), 27(1)(b))

Court file: _____ Court Registry: _____ REMO/RESO/ISO #: _____

IN THE COURT OF QUEEN'S BENCH OF NEW BRUNSWICK FAMILY DIVISION JUDICIAL DISTRICT OF IN THE MATTER OF THE *INTERJURISDICTIONAL SUPPORT ORDERS ACT*

BETWEEN:

(NAME OF APPLICANT) CLAIMANT / APPLICANT

AND

(NAME OF RESPONDENT) RESPONDENT

NOTICE OF HEARING

TO:

TAKE NOTICE that this Court has received an application by, or on behalf of, (*name of applicant/claimant*). A copy of the application is attached to this Notice of Hearing.

YOU ARE REQUIRED to appear on (*date*) at (*name and address of court*) for a hearing. On the hearing date, you are required to bring with you 3 copies of the completed Respondent's Answer to Application (Form 16).

AT THE HEARING the Judge may make an order which is binding on you and can be enforced. If you do not appear at Court as required, or provide the necessary documents, *an order may be made in your absence*.

Signature of designated authority