

**FORM 20**

**(Family Services Act, S.N.B. 1980, c.F-2.2, s.79(4))**

**NOTICE OF HEARING**

To: The Minister of Families and Children

TAKE NOTICE that I . . . . . , and I . . . . .

of . . . . . in the . . . . . of . . . . . and Province of

New Brunswick have applied for an adoption order effecting the adoption of . . . . .  
(given name(s), initial letter of surname and

. . . . . , who was born on . . . . . at the . . . . .  
birth registration number) (day/month/year)

of . . . . . in the Province of New Brunswick.

AND FURTHER TAKE NOTICE that the adoption application will be heard at . . . . . ,

on . . . . . , the . . . . . day of . . . . . , 20. . . . .

at the hour of . . . . . o'clock in the forenoon(afternoon) or as soon thereafter as possible.

DATED at . . . . . , this . . . . . day of . . . . . , 20. . . . .

. . . . .  
(signature)

. . . . .  
(signature)