

FORM 20

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

NOTICE OF HEARING

To: The Minister of Social Development

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)