FORM 29

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

DEPARTMENT OF SOCIAL DEVELOPMENT PROVINCE OF NEW BRUNSWICK

AGREEMENT FOR PAYMENT TOWARDS COST OF CARE

This	Agreement made on the	day of	20
BET	WEEN:	THE MINISTER OF SOCIAL DEVELO (an appropriate person authorized by the Family Services Act, called in this Agree	Minister under paragraph $3(1)(b)$ of the
		- and -	
		(name of Parent)	who lives
		at	
		(name of Parent)	who lives
		at	
		(called in this Agreement "the Parent(s)"	')
With	respect to the following child(ren):		
	(name of child)	.who was born on	(place of birth)
	(name of child)	.who was born on	(place of birth)
	(name of child)	.who was born on	(place of birth)
	(name of child)	.who was born on	(place of birth)
	(name of child)	.who was born on at	(place of birth)
1.	Amount		
		nister the amount ofdollars (\$en) while the child(ren) is(are) in the care and custody	
2.	When Payable		
	The Parent(s) agree(s) to pay that amou as long	nt on the day of each beginnin	g and continuing
	as the child(ren) is(are) in the care of the upon is changed.	Minister under this Agreement or any extension of th	is Agreement or until the amount agreed

(date)	(signature of witness)	(the Minister of Social Development	
		per:)	
(date)	(signature of witness)	(signature of Parent)	
(date)	(signature of witness)	(signature of Parent)	
	AFFIDAVIT OF WITNES	s	
I, o and Province of New Brunswick, MAR	f the of	ON) AND SAY:	
$1. \hspace{1cm} \text{(the "Agreement") in my presence.} \hspace{1cm} \text{did, on the} \hspace{1cm} \text{(ay of } \hspace{1cm} \text{(20, duly sign the annexed agreement)} \\$			
2. The signature of subscribed to the Agreement in my pre		ature of the said	
3. The signature ofis my signature.	to the Agreement as witnessed to	o the execution of the Agreement by	
to (or Solemnly affirmed)			
me at the)			
)in the County			
) and Province			
Brunswick this)			
)			

85-17; 88-189; 90-126; 2000, c.26, s.115; 2008, c.6, s.18; 2012-40

3.

Supplement to Custody Agreement