

**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....

BETWEEN:

THE MINISTER OF SOCIAL DEVELOPMENT as represented by .....  
(an appropriate person authorized by the Minister under paragraph 3(1)(b) of the  
*Family Services Act*, called in this Agreement "the Minister")

- and -

..... who lives  
(name of Parent)

at .....  
(address)

..... who lives  
(name of Parent)

at .....  
(address)

(called in this Agreement "the Parent(s)")

With respect to the following child(ren):

..... who was born on ..... at .....  
(name of child) (day/month/year) (place of birth)

..... who was born on ..... at .....  
(name of child) (day/month/year) (place of birth)

..... who was born on ..... at .....  
(name of child) (day/month/year) (place of birth)

..... who was born on ..... at .....  
(name of child) (day/month/year) (place of birth)

..... who was born on ..... at .....  
(name of child) (day/month/year) (place of birth)

1. Amount

The Parent(s) agree(s) to pay to the Minister the amount of ..... dollars (\$ ..... ) per week (month) to assist in paying the cost of providing care to the child(ren) while the child(ren) is(are) in the care and custody of the Minister.

2. When Payable

The Parent(s) agree(s) to pay that amount on the ..... day of each ..... beginning ..... and continuing as long .....  
(date)

as the child(ren) is(are) in the care of the Minister under this Agreement or any extension of this Agreement or until the amount agreed upon is changed.

3. Supplement to Custody Agreement

The Parent(s) and the Minister agree that this Agreement For Payment Towards Cost of Care forms part of the Custody Agreement already signed by them (or being signed by them at the same time).

..... (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 WITNESS**

I, ..... of the ..... of ..... in the County of ..... and Province of New Brunswick, MAKE OATH (or SOLEMN AFFIRMATION) AND SAY:

- ..... did, on the ..... day of ....., 20...., duly sign the annexed agreement (the "Agreement") in my presence.
- The signature of ..... to the Agreement is the signature of the said ..... and was subscribed to the Agreement in my presence and is in the proper handwriting of the person who signed.
- The signature of ..... to the Agreement as witnessed to the execution of the Agreement by ..... is my signature.

Sworn to (or Solemnly affirmed) )  
 )  
 before me at the ..... )  
 )  
 of .....in the County )  
 )  
 of ..... and Province )  
 )  
 of New Brunswick this ..... )  
 )  
 day of ....., 20.... )  
 )  
 )

A Commissioner of Oaths, Being a Solicitor/My Commission Expires.....