

**IN THE TERRITORIAL COURT OF THE NORTHWEST TERRITORIES**

**IN THE MATTER OF** the *Child and Family Services Act*,  
S.N.W.T., 1997, c.13, as amended

**AND IN THE MATTER OF** the children,

**LAST NAME, First Name**  
**Born: Month, Day, Year**

**LAST NAME, First Name**  
**Born: Month, Day, Year**

**Apprehended on: Month, Day, Year**

**ADJOURNMENT ORDER**

<b>BEFORE THE HONOURABLE )</b>	<b>IN THE (City/Community/Hamlet of X)</b>
<b>JUDGE XXXXXXXX )</b>	<b>IN THE NORTHWEST TERRITORIES</b>
<b>IN COURT )</b>	<b>THIS (Day) OF (Month), (Year).</b>

**UPON THE APPLICATION** of the Director of Child and Family Services; **AND UPON** hearing \_\_\_\_\_ for the Director of Child and Family Services; **AND UPON** hearing from \_\_\_\_\_, parents of the children;

**IT IS ORDERED AS FOLLOWS:**

1. That this matter is adjourned until (*date*) at (*time*); and
2. The said children shall remain in the custody of the Director of Child and Family Services in the interim.

3. The said parents shall have reasonable and generous access to the children at the discretion of the Child Protection Worker and consistent with the best interests of the children.

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Judge of the Territorial Court

ENTERED this \_\_\_\_ day of  
\_\_\_\_\_, 20 \_\_\_\_.

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Clerk of the Territorial Court

**IN THE TERRITORIAL COURT OF THE  
NORTHWEST TERRITORIES**

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**IN THE MATTER OF** the *Child and Family Services Act*, S.N.W.T., 1997, c.13, as amended

**AND IN THE MATTER OF** the children,

**LAST NAME, First Name**  
**Born: Month, Day, Year**

**LAST NAME, First Name**  
**Born: Month, Day, Year**

**Apprehended on: Month, Day, Year**

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**ADJOURNMENT ORDER**

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Authority Address:  
Ex: Yellowknife Health and Social Services  
Authority  
4702 Franklin Avenue  
Box 608  
Yellowknife, NWT  
X1A 2N5  
(867) 920-0000

**IN THE TERRITORIAL COURT OF THE NORTHWEST TERRITORIES**

**IN THE MATTER OF** the *Child and Family Services Act*,  
S.N.W.T., 1997, c.13, as amended:

**AND IN THE MATTER OF** the children,

**LAST NAME, First Name**  
**Born: Month, Day, Year**

**LAST NAME, First Name**  
**Born: Month, Day, Year**

**Apprehended on: Month, Day, Year**

**AFFIDAVIT OF ATTEMPTED SERVICE**

I, (*name of person swearing affidavit*), Child Protection Worker, of (*community*), in the Northwest Territories, **MAKE OATH AND SAY:**

1. I did on the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, personally endeavoured to locate and serve (*insert name of person attempted to be served*) \_\_\_\_\_, with the attached (*Originating Notice and Affidavit or Notice of Motion and Affidavit*) attached as Exhibits “A” and “B” to this my Affidavit.
  
2. **THAT** I was unable to locate \_\_\_\_\_ for the following reason(s):  
(*List the dates, times and locations you have tried to locate and serve the parities.*)

3. **THAT** to effect attempted service; I necessarily travelled a distance of \_\_\_\_\_ kilometres.

SWORN BEFORE ME at Yellowknife, in )  
the Northwest Territories, this (Day) of )  
(Month, Year) )

A Commissioner for Oaths in and for the )  
Northwest Territories )

\_\_\_\_\_  
(Name)  
Child Protection Worker

My Commission Expires:

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# T-0001-CP 2008-

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**IN THE TERRITORIAL COURT OF THE  
NORTHWEST TERRITORIES**

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**IN THE MATTER OF** the *Child and Family Services Act*, S.N.W.T., 1997, c.13, as amended

**AND IN THE MATTER OF** the children,

**LAST NAME, First Name  
Born: Month, Day, Year**

**LAST NAME, First Name  
Born: Month, Day, Year**

**Apprehended on: Month, Day, Year**

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**AFFIDAVIT OF ATTEMPTED SERVICE**

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Authority Address:  
Ex: Yellowknife Health and Social Services  
Authority  
4702 Franklin Avenue  
Box 608  
Yellowknife, NWT  
X1A 2N5  
(867) 920-0000

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**IN THE TERRITORIAL COURT OF THE NORTHWEST TERRITORIES**

**IN THE MATTER OF** the *Child and Family Services Act*,  
S.N.W.T., 1997, c.13, as amended:

**AND IN THE MATTER OF** the children,

**LAST NAME, First Name**  
**Born: Month, Day, Year**

**LAST NAME, First Name**  
**Born: Month, Day, Year**

**Apprehended on: Month, Day, Year**

**AFFIDAVIT OF SERVICE**

I, (*name of person swearing affidavit*), Child Protection Worker, of (*community*), in the Northwest Territories, **MAKE OATH AND SAY:**

1. I did on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, personally serve (*insert name of person served*) \_\_\_\_\_, with the attached (Originating Notice and Affidavit or Notice of Motion and Affidavit) attached as Exhibits “A” and “B” to this my Affidavit, by delivering a true copy of the (Originating Notice and Affidavit or Notice of Motion and Affidavit) to him (*her*) at:\_\_\_\_\_.
  
2. At the time of service, I asked (*name of person served*) what his (*her*) mailing address is and was informed that it is: \_\_\_\_\_.
  
3. My means of knowledge as to the identity (*name of person served*) were as follows:  
\_\_\_\_\_

4. *(If you have served another person or party, on the same date or a different date, and have used the same certified copies to prove service, than repeat points through 3 inserting the appropriate name and information.)*

---

SWORN BEFORE ME at Yellowknife, in  
the Northwest Territories, this (Day) of  
(Month, Year)

---

A Commissioner for Oaths in and for the  
Northwest Territories

---

My Commission Expires:

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(Name)  
Child Protection Worker

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# T-0001-CP 2008-

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**IN THE TERRITORIAL COURT OF THE  
NORTHWEST TERRITORIES**

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**IN THE MATTER OF** the *Child and Family Services Act*, S.N.W.T., 1997, c.13, as amended

**AND IN THE MATTER OF** the children,

**LAST NAME, First Name**  
**Born: Month, Day, Year**

**LAST NAME, First Name**  
**Born: Month, Day, Year**

**Apprehended on: Month, Day, Year**

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**AFFIDAVIT OF SERVICE**

---

Authority Address:  
Ex: Yellowknife Health and Social Services  
Authority  
4702 Franklin Avenue  
Box 608  
Yellowknife, NWT  
X1A 2N5  
(867) 920-0000

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**IN THE TERRITORIAL COURT OF THE NORTHWEST TERRITORIES**

**IN THE MATTER OF** the *Child and Family Services Act*,  
S.N.W.T., 1997, c.13, as amended

**AND IN THE MATTER OF** the children,

**LAST NAME, First Name**  
**Born: Month, Day, Year**

**LAST NAME, First Name**  
**Born: Month, Day, Year**

**Apprehended on: Month, Day, Year**

**AFFIDAVIT**

I, (name of person swearing affidavit), Child Protection Worker, of (Community), in the Northwest Territories, **MAKE OATH AND SAY:**

1. **THAT** I am a duly authorized Child Protection Worker for the Northwest Territories and as such I have personal knowledge of the matters herein deposed to, except where I indicate my statements are based on information and belief, in which case I do believe the same to be true.
2. **THAT** on (Month, Day, Year) I did apprehend (Name of Children).
3. **THAT**...(List any alternatives that were sought in lieu of apprehending by exploring ie: offering Voluntary supports in the home, seeking out family or friends of the family to maintain the child(ren) in the home, or pursuing a plan of care agreement).... And explain the reasons why those alternatives were determined to be unsuitable.
4. **THAT**...
5. **THAT** ....

6. **THAT....**
7. **THAT** at the time of this application ..... the children's health and safety remain at risk.
8. **I MAKE THIS AFFIDAVIT** in support of an Application for an Apprehension Order pursuant to section 12.4 (1) (a) and (b) of the *Child and Family Services Act*:

- a) Confirming the apprehension of the children:

**LAST NAME, First Name**  
**Born: Month, Day, Year**

**LAST NAME, First Name**  
**Born: Month, Day, Year**

- b) That the said children remain in the care and custody of the Director of Child and Family Services. *\*Affidavit to Mirror what the CPW would like to have in the Apprehension Order.*
- c) That the parents to the said children be entitled access to the children pursuant to section 12.4 (3) of the *Child and Family Services Act*. *\*If access is a recommendation.*
- d) That access to the children be at the discretion of the Child Protection Worker and in the best interests of the child. *\*Standard access provision*
- e) Any other conditions that the Court considers necessary and proper.

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SWORN BEFORE ME at Yellowknife, in )  
the Northwest Territories, this (Day) of )  
(Month, Year) )  
)

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\_\_\_\_\_  
(Name)  
Child Protection Worker

---

A Commissioner in and for the Northwest Territories )

My Commission Expires: )

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# T-0001-CP 2008-

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**IN THE TERRITORIAL COURT OF THE  
NORTHWEST TERRITORIES**

---

**IN THE MATTER OF** the *Child and Family Services Act*, S.N.W.T., 1997, c.13, as amended

**AND IN THE MATTER OF** the children,

**LAST NAME, First Name  
Born: Month, Day, Year**

**LAST NAME, First Name  
Born: Month, Day, Year**

**Apprehended on: Month, Day, Year**

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**AFFIDAVIT**

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Authority Address:  
Ex: Yellowknife Health and Social Services  
Authority  
4702 Franklin Avenue  
Box 608  
Yellowknife, NWT  
X1A 2N5  
(867) 920-0000

---



**IN THE TERRITORIAL COURT OF THE NORTHWEST TERRITORIES**

**IN THE MATTER OF the Child and Family Services Act,  
S.N.W.T., 1997, C.13, as amended**

## AND IN THE MATTER OF the children,

## BEAM, Solar

### Born: March 19, 1995

**BEAM, Sun**  
**Born: February 9, 2003**

## BEAM, Moon

**Apprehended on: July 19, 2008**

## ORDER

**BEFORE THE HONOURABLE ) AT THE (City/Community/Hamlet of X)**  
**JUDGE B.E. SCHMALTZ ) IN THE NORTHWEST TERRITORIES**  
**IN THE TERRITORIAL COURT ) THIS 12<sup>TH</sup> DAY OF SEPTEMBER, 2008.**

**UPON THE APPLICATION** of the Director of Child and Family Services **AND**  
**UPON** hearing from (Name), Child Protection Worker; **AND UPON** hearing from  
(Lawyers Name) counsel for the father Lazer Beam, **AND UPON** having read the Notice  
of Motion and Affidavit of (Name), filed on the 23 day of July, 2008,

**AND UPON** noting that Light Beam, mother of the children, Solar Beam, Sun Beam and Moon Beam, was not duly served; **AND UPON** noting that Lazer Beam, father of the children, Solar Beam, Sun Beam and Moon Beam, was not duly served;

**IT IS HEREBY ORDERED AS FOLLOWS:**

1. THAT the apprehension of Solar Beam, born March 19, 1995, Sun Beam, born February 9, 2003, and Moon Beam born June 20, 2007, be and is

hereby confirmed.

2. THAT reasonable effort shall be made to serve both parents with a copy of this order.
3. THAT access to the said child by the mother, Light Beam be reasonable and generous and access for the father Lazer Beam be supervised and be at the discretion of the Director and in the best interest of the children.

---

Judge B.E. Schmaltz

Entered this \_\_\_\_ day of  
September, 2008.

Territorial Court Judge

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Clerk of the Territorial Court

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(lawyer)  
Counsel for the Father

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# T-0001-CP 2008-

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**IN THE TERRITORIAL COURT OF THE  
NORTHWEST TERRITORIES**

---

**IN THE MATTER OF** the *Child and Family Services Act*, S.N.W.T.,1997, c.13, as amended

**AND IN THE MATTER OF** the children,

**LAST NAME, First Name  
Born: Month, Day, Year**

**LAST NAME, First Name  
Born: Month, Day, Year**

**Apprehended on: Month, Day, Year**

---

**ORDER**

---

Authority Address:  
Ex: Yellowknife Health and Social Services  
Authority  
4702 Franklin Avenue  
Box 608  
Yellowknife, NWT  
X1A 2N5  
(867) 920-0000

**IN THE TERRITORIAL COURT OF THE NORTHWEST TERRITORIES**

**IN THE MATTER OF** the *Child and Family Services Act*,  
S.N.W.T., 1997, c.13, as amended

**AND IN THE MATTER OF** the child(ren),

**LAST NAME, First Name**  
**Born:**

**LAST NAME, First Name**  
**Born:**

**LAST NAME, First Name**  
**Born:**

**Apprehended: Date**

**ORDER**

**BEFORE THE HONOURABLE** )  
(*Judge /Chief Judge*)(*Initials*) (*Last* ) In the (*Community/City*), in the Northwest  
*Name*) ) Territories, this (*date*) day of (*month*), (*year*).  
**IN COURT** )

**UPON THE APPLICATION** of the Director of Child and Family Services; **AND UPON** hearing from (*name of person appearing in court for the Applicant*), counsel for the Director of Child and Family Services; **AND UPON** hearing from (*name of person appearing in court on behalf of the parent(s), child(ren) and other parties*), counsel for the mother, (*name of mother*), (*OR, where no one appears on behalf of the parents or parties*); **AND UPON** noting the parents did not appear, despite being duly served; (*OR, where the parents or parties appear in court*); **AND UPON** noting that the parents do not take position with respect to this application:

**IT IS ORDERED AS FOLLOWS:** (*\*\*Note: the terms and wording must coincide with what the judge said in court*)

1. That the apprehension of (*name of child(ren)*) on (*date of apprehension*), is hereby confirmed.
2. That in the interim, the said parents shall have reasonable and generous access to the said child(ren) at the discretion of the Director of Child and Family Services.

---

Clerk of the Territorial Court

ENTERED this \_\_\_\_\_ day of

\_\_\_\_\_, 20\_\_\_\_.

---

*Court File Number*

**IN THE TERRITORIAL COURT OF THE  
NORTHWEST TERRITORIES**

**IN THE MATTER OF** the *Child and Family Services Act*, S.N.W.T., 1997, c.13, as amended

**AND IN THE MATTER OF** the children,

**LAST NAME, First Name  
Born:**

**LAST NAME, First Name  
Born:**

**LAST NAME, First Name  
Born:**

**Apprehended: Date**

---

**ORDER**

---

Northwest Territories Health and Social Services  
Authority – *Regional Office*  
*Address*



**IN THE TERRITORIAL COURT OF THE NORTHWEST TERRITORIES**

**IN THE MATTER OF** the *Child and Family Services Act*,  
S.N.W.T., 1997, c.13, as amended

**AND IN THE MATTER OF** the child(ren),

**LAST NAME, First Name**  
**Born:**

**LAST NAME, First Name**  
**Born:**

**LAST NAME, First Name**  
**Born:**

**Apprehended: Date**

**NOTICE OF MOTION**

**TAKE NOTICE** that an application will be made to the Judge at the (*building*), in (*community*), Northwest Territories, on (*Month /Day/Year*) at (*Time*) or so soon after that time as the application may be heard for an order:

1. Confirming the apprehension on the (apprehension date) of the following child(ren):

**LAST NAME, First Name**  
**Born:**

**LAST NAME, First Name**  
**Born:**

**LAST NAME, First Name**  
**Born:**

2. That the parents have reasonable and generous access to the said child(ren) at the discretion of the Director of Child and Family Services and consistent with the best interests of the child(ren).

**AND FURTHER TAKE NOTICE** that the grounds on which the application is made are as follows:

1. That in accordance with section 12.4 of the *Child and Family Services Act*, S.N.W.T., c.13, as amended:
  - a. There are reasonable grounds to believe that the child(ren) are in need of protection within the meaning of subsection 7(3) \_\_\_\_ (i.e. section 7(3)(r) "*the child's parent is unavailable or unable or unwilling to properly care for the child...*"); and
  - b. At the time of the apprehension there were reasonable grounds to believe that the children's health or safety would be in danger if the child(ren) remained at the home;
2. It is in the best interests of the said child(ren) that the order requested be granted; and
3. Such further and other grounds as may be raised when this motion is heard and as the Court may permit.

**AND FURTHER TAKE NOTICE** that in support of the application will be read the Affidavit of (*CPW's Name*), a duly authorized Child Protection Worker.

**DATED** at the (*City/Community/Hamlet*) of (*Place*), Northwest Territories, on (*Date*).

---

(*Name*)  
*Child Protection Worker*

TO: First and Last Name (Biological Mother)  
First and Last Name (Biological Father)  
First and Last Name (Child 12yrs+)  
NWT Indigenous Band (where applicable)

---

*Court File Number*

**IN THE TERRITORIAL COURT OF THE  
NORTHWEST TERRITORIES**

**IN THE MATTER OF** the *Child and Family Services Act*, S.N.W.T., 1997, c.13, as amended

**AND IN THE MATTER OF** the children,

**LAST NAME, First Name**  
**Born:**

**LAST NAME, First Name**  
**Born:**

**LAST NAME, First Name**  
**Born:**

**Apprehended: *Date***

---

**NOTICE OF MOTION**

---

Northwest Territories Health and Social Services  
Authority – *Regional Office*  
*Address*

**IN THE TERRITORIAL COURT OF THE NORTHWEST TERRITORIES**

**IN THE MATTER OF** the *Child and Family Services Act*,  
S.N.W.T., 1997, c.13, as amended

**AND IN THE MATTER OF** the children,

**BEAM, Solar**  
**Born: March 19, 1995**

**BEAM, Sun**  
**Born: February 9, 2003**

**BEAM, Moon**  
**Born: June 20, 2007**

**Apprehended: July 19, 2008**

**ORIGINATING NOTICE**

**TAKE NOTICE** that an application will be made to the Judge at the Court House, in Yellowknife, Northwest Territories, on (MTWThF, Month Day, YEAR) at (TIME) or so soon after that time as the application may be heard for an order:

1. Confirming the apprehension on the (apprehension date) of the following children:

**BEAM, Solar**  
**Born: March 19, 1995**

**BEAM, Sun**  
**Born: February 9, 2003**

**BEAN, Moon**  
**Born: June 20, 2007**

2. That access to the children be at the discretion of the Child Protection Worker and in the best interests of the children.

**AND FURTHER TAKE NOTICE** that the grounds on which the application is made are as follows:

1. There are reasonable grounds to believe that the children are in need of protection within the meaning of section (ex: 7(3) (r) “the child’s parent is unavailable or unable or unwilling to properly care for the child...” of the *Child and Family Services Act*, S.N.W.T., c.13, as amended;
2. At the time of the apprehension there were reasonable grounds to believe that the children’s health or safety would be in danger if the children remained at the home;
3. It is in the best interests of the said children that the order requested be granted;
4. Such further and other grounds as may be raised when this motion is heard and as the Court may permit.

**AND FURTHER TAKE NOTICE** that in support of such application will be read the Affidavit of (CPW’s Name), a duly authorized Child Protection Worker.

**DATED** at the (City/Community/Hamlet) of (Place), Northwest Territories, on (Date).

---

(Name)  
Child Protection Worker

**ISSUED** out of the office of the Clerk of the Territorial Court of the Northwest Territories, at Yellowknife, Northwest Territories, on (Day, Month), 2008.

---

Clerk of the Territorial Court

TO: Light BEAM (Biological Mother)  
Lazer BEAM (Biological Father)  
Solar BEAM (Child 12yrs+)

**IN THE TERRITORIAL COURT OF THE  
NORTHWEST TERRITORIES**

**IN THE MATTER OF** the *Child and Family Services Act*, S.N.W.T.,1997, c.13, as amended

**AND IN THE MATTER OF** the children,

**BEAM, Solar**  
**Born: March 19, 1995**

**BEAM, Sun**  
**Born: February 9, 2003**

**BEAM, Moon**  
**Born: June 20, 2007**

**Apprehended: July 19, 2008**

---

**ORIGINATING NOTICE**

---

Authority Address  
ex: Yellowknife Health and Social Services  
Authority  
4702 Franklin Avenue  
Box 608  
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X1A 2N5  
(867) 920-0000

**IN THE TERRITORIAL COURT OF THE NORTHWEST TERRITORIES**

**IN THE MATTER OF** the *Child and Family Services Act*,  
S.N.W.T., 1997, c.13, as amended

**AND IN THE MATTER OF** the child(ren),

**LAST NAME, First Name**  
**Born:**

**LAST NAME, First Name**  
**Born:**

**LAST NAME, First Name**  
**Born:**

**Apprehended: Date**

**ORIGINATING NOTICE**

**TAKE NOTICE** that an application will be made to the Judge at the (*building*), in (*community*), Northwest Territories, on (*Month /Day/Year*) at (*Time*) or so soon after that time as the application may be heard for an order:

1. Confirming the apprehension on the (apprehension date) of the following child(ren):

**LAST NAME, First Name**  
**Born:**

**LAST NAME, First Name**  
**Born:**

**LAST NAME, First Name**  
**Born:**

2. That the parents have reasonable and generous access to the said child(ren) at the discretion of the Director of Child and Family Services and consistent with the best interests of the child(ren).

**AND FURTHER TAKE NOTICE** that the grounds on which the application is made are as follows:

1. That in accordance with section 12.4 of the *Child and Family Services Act*, S.N.W.T., c.13, as amended:
  - a. There are reasonable grounds to believe that the child(ren) are in need of protection within the meaning of subsection 7(3) \_\_\_\_ (i.e. section 7(3)(r) "*the child's parent is unavailable or unable or unwilling to properly care for the child...*"); and
  - b. At the time of the apprehension there were reasonable grounds to believe that the children's health or safety would be in danger if the child(ren) remained at the home;
2. It is in the best interests of the said child(ren) that the order requested be granted; and
3. Such further and other grounds as may be raised when this motion is heard and as the Court may permit.

**AND FURTHER TAKE NOTICE** that in support of the application will be read the Affidavit of (*CPW's Name*), a duly authorized Child Protection Worker.

**DATED** at the (*City/Community/Hamlet*) of (*Place*), Northwest Territories, on (*Date*).

---

(*Name*)  
*Child Protection Worker*

**ISSUED** out of the office of the Clerk of the Territorial Court of the Northwest Territories, at Yellowknife, Northwest Territories, on (*Month/Day/Year*).

---

Clerk of the Territorial Court

TO: First and Last Name (Biological Mother)  
First and Last Name (Biological Father)  
First and Last Name (Child 12yrs+)  
NWT Indigenous Band (where applicable)

---

*Court File Number*

**IN THE TERRITORIAL COURT OF THE  
NORTHWEST TERRITORIES**

**IN THE MATTER OF** the *Child and Family Services Act*, S.N.W.T., 1997, c.13, as amended

**AND IN THE MATTER OF** the children,

**LAST NAME, First Name**  
**Born:**

**LAST NAME, First Name**  
**Born:**

**LAST NAME, First Name**  
**Born:**

**Apprehended: *Date***

---

**ORIGINATING NOTICE**

---

Northwest Territories Health and Social Services  
Authority – *Regional Office*  
*Address*

**IN THE TERRITORIAL COURT OF THE NORTHWEST TERRITORIES**

**IN THE MATTER OF** the *Child and Family Services Act*,  
S.N.W.T., 1997, c.13, as amended

**AND IN THE MATTER OF** the children,

**LAST NAME, First Name**  
**Born: Month, Day, Year**

**LAST NAME, First Name**  
**Born: Month, Day, Year**

**Apprehended on: Month, Day, Year**

**BEFORE THE HONOURABLE** ) **IN THE CITY OF YELLOWKNIFE**  
**JUDGE B.E. SCHMALTZ** ) **IN THE NORTHWEST**  
 ) **TERRITORIES, THIS \_\_\_\_ DAY**  
**IN COURT** ) **DECEMBER, XXXX.**

**REMOVAL ORDER**

**UPON IT APPEARING THAT XXXX XXX** is in custody at the North Slave Correctional Centre, in Yellowknife, Northwest Territories; **AND UPON IT APPEARING THAT XXXX XXX** is required to be at the hearing of this matter to be heard before the Territorial Court of the Northwest Territories on Monday, December 11<sup>th</sup>, XXXX, at 1:30 pm at the courthouse in Yellowknife, Northwest Territories.

**IT IS HEREBY ORDERED THAT** the Warden of the North Slave Correctional Centre surrender XXXX to the custody of the Royal Canadian Mounted Police so that XXXX XXX may be brought before the Territorial Court of the Northwest Territories on December 11<sup>th</sup>, XXXX, at 1:30 pm and thereafter from the day to day as may be required until his attendance in court is no longer required.

**AND IT IS FURTHER ORDERED THAT** the said XXXX XXX be kept in the custody of any common gaol or the Royal Canadian Mounted Police from day to day as may be necessary until his attendance in court is no longer required, at which time he shall be returned to the Warden of the North Slave Correctional Centre who shall receive him or otherwise ordered by the court.

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Judge of the Territorial Court

ENTERED this \_\_\_\_\_ day of  
\_\_\_\_\_, XXXX.

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Clerk of the Territorial Court

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# T-0001-CP 2008-

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**IN THE TERRITORIAL COURT OF THE  
NORTHWEST TERRITORIES**

---

**IN THE MATTER OF** the *Child and Family Services Act*, S.N.W.T.,1997, c.13, as amended

**AND IN THE MATTER OF** the children,

**LAST NAME, First Name  
Born: Month, Day, Year**

**LAST NAME, First Name  
Born: Month, Day, Year**

**Apprehended on: Month, Day, Year**

---

**REMOVAL ORDER**

---

Authority Address:  
Ex: Yellowknife Health and Social Services  
Authority  
4702 Franklin Avenue  
Box 608  
Yellowknife, NWT  
X1A 2N5  
(867) 920-0000

