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| Affidavit of Service |
| Form 5, *Criminal Appeal Rules*,Court of Appeal for Ontario |
|  |  | C      |
| Court File No. (if known) |
|  | M      |
| Motion No. (if known/applicable) |
| **COURT OF APPEAL FOR ONTARIO** |
| BETWEEN: |
| **HIS MAJESTY THE KING** |
| (Appellant/Respondent/Applicant/Moving Party/Responding Party) |
| **- and-** |
|       |
| (specify name) |
| (Appellant/Respondent/Applicant/Moving Party/Responding Party) |
| AFFIDAVIT OF SERVICE |
| I, |       | , of the |       |
|  | (full name) |  | (City, Town, etc.) |
| of |       | , in the |       |
|  |  |  | (County, District, Regional Municipality, etc.) |
| of |       | , |       | , |
|  |  |  | (set out deponent’s capacity) |  |
| MAKE OATH AND SAY (or AFFIRM): |
| **(Personal Service)** |
| **1.** | On |       | , at |       | , I served |       |
|  |  | (date) |  | (time) |  | (identify person served) |
|  | with the |       |
|  |  | (identify document(s) served) |
|  | by  |       | . |
|  |  | (leaving a copy with them at [address where service was made])(Adapt wording in accordance with the rules if serving a young person or a corporation.) |  |
| **2.** | I was able to identify the person by means of |       | . |
|  |  | (state the means by which the person’s identity was ascertained) |  |
| **(Service on Lawyer at Trial as an Alternative to Personal Service)** |
| **1.** | I served |       | with the |       |
|  |  | (identify person served) |  | (identify document(s) served) |
|  |       |
|  | by |       |
|  |  | (specify manner of service as permitted by the rules) |
|  | on |       | to |       | , |
|  |  | (date) |  | (name of lawyer at trial) |  |
|  | the lawyer for the |       | at trial, at |       |
|  |  | (identify party) |  | (complete address) |
|  |       | . |
| **2.** | Prior to service, the lawyer confirmed that they had instructions to accept service. |
| **(Service by Mail as an Alternative to Personal Service)** |
| **1.** | On |       | , I sent to |       |
|  |  | (date) |  | (identify person served) |
|  | by  | mail a copy of the |       |
|  |  |  | (identify document(s) served) |
|  |       |
|  | at |       | . |
|  |  | (complete address) |  |
| **2.** | On |       | , I received the attached acknowledgment of receipt card bearing |
|  |  | (date) |  |
|  | a signature that purports to be the signature of |       | . |
|  |  | (identify person) |  |
| **(Service on Adult Member of Same Household as an Alternative to Personal Service)** |
| **1.** | I served |       | with the |       |
|  |  | (identify person served) |  | (identify document(s) served) |
|  |       |
|  | by leaving a copy in a sealed envelope on |       | , at |       | , |
|  |  | (date) |  | (time) |  |
|  | with a person |       | who appeared to be an adult member |
|  |  | (insert name if known) |  |  |
|  | of the same household in which |       | is residing, at |
|  |  | (identify person served) |  |
|  |       | , |
|  | (address where service was made) |  |
|  | and by mailing another copy on |       | to |       |
|  |  | (date) |  | (identify person served) |
|  | at the same address. |
| **2.** | I ascertained that the person was an adult member of the household by means of |
|  |       | . |
|  | (state how it was ascertained that the person was an adult member of the household) |  |
| **3.** | Before serving the documents in this way, I made an unsuccessful attempt to serve |
|  |       | personally at the same address on |       | . |
|  | (identify person served) |  | (date) |  |
|  | (*If more than one attempt has been made, add:* and again on |       | .) |
|  |  | (date) |  |
| **(Service on Lawyer of Record)** |
| **1.** | I served |       | with the |       |
|  |  | (identify person served) |  | (identify document(s) served) |
|  |       |
|  | by |       |
|  |  | (specify manner of service as permitted by the rules) |
|  | on |       | to |       | , |
|  |  | (date) |  | (name of lawyer) |  |
|  | the lawyer of record for the |       | , at |       |
|  |  | (identify party) |  | (complete address) |
|  |       | . |
| **(Service on Party Acting in Person or a Non-Party)** |
| **1.** | I served |       | with the |       |
|  |  | (identify person served) |  | (identify document(s) served) |
|  |       |
|  | by |       |
|  |  | (specify manner of service as permitted by the rules) |
|  | on |       | to |       | . |
|  |  | (date) |  | (complete address/last known address of person served) |  |
| Sworn/Affirmed before me (select one): | [ ]  | in person **OR** | [ ]  | by video conference |
| Complete if affidavit is being sworn or affirmed in person: |
| at the |       | of |       | , in the |       |
|  | (City, Town, etc.) |  |  |  | (County, District, Regional Municipality, etc.) |
| of |       | , on |       | . |
|  |  |  | (date) |  |

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| Commissioner for Taking Affidavits (or as may be) |  | Signature of Deponent |

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| **Use one of the following if affidavit is being sworn or affirmed by video conference:** |
| Complete if deponent and commissioner are in same city or town: |
| by |       | at the |       |
|  | (deponent’s name) |  | (City, Town, etc.) |
| of |       | in the |       |
|  |  |  | (County, District, Regional Municipality, etc.) |
| of |       | , before me on |       |
|  |  |  | (date) |
| in accordance with [O. Reg. 431/20](https://www.ontario.ca/laws/regulation/r20431), Administering Oath or Declaration Remotely. |

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| Commissioner for Taking Affidavits (or as may be) |  | Signature of Deponent |

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| Complete if deponent and commissioner are NOT in same city or town: |
| by |       | at the |       |
|  | (deponent’s name) |  | (City, Town, etc.) |
| of |       | in the |       |
|  |  |  | (County, District, Regional Municipality, etc.) |
| of |       | , before me at the |       |
|  |  |  | (City, Town, etc.) |
| of |       | in the |       |
|  |  |  | (County, District, Regional Municipality, etc.) |
| of |       | , on |       |
|  |  | (date) |
| in accordance with [O. Reg. 431/20](https://www.ontario.ca/laws/regulation/r20431), Administering Oath or Declaration Remotely. |

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| Commissioner for Taking Affidavits (or as may be) |  | Signature of Deponent |