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| --- |
| ONTARIO |
|  |  | Court File Number      |
| (Name of court) | Form 14A: Affidavit(general) dated |
| **at** |       |
|  | Court office address |       |
| Applicant(s) |
| Full legal name & address for service — street & number, municipality, postal code, telephone & fax numbers and e-mail address (if any). |  | Lawyer’s name & address — street & number, municipality, postal code, telephone & fax numbers and e-mail address (if any). |
|       |  |       |
| Respondent(s) |
| Full legal name & address for service — street & number, municipality, postal code, telephone & fax numbers and e-mail address (if any). |  | Lawyer’s name & address — street & number, municipality, postal code, telephone & fax numbers and e-mail address (if any). |
|       |  |       |
| **My name is** *(full legal name)* |       |
| **I live in** *(municipality & province)* |       |
| **and I swear/affirm that the following is true:** |
| Set out the statements of fact in consecutively numbered paragraphs. Where possible, each numbered paragraph should consist of one complete sentence and be limited to a particular statement of fact. If you learned a fact from someone else, you must give that person’s name and state that you believe that fact to be true. |
| **1.** | **I am not the same** |       | **as the person(s) listed in rows** |
|       | **of the attached** | **[ ]**  | **Associated Family and Child Protection Cases report.** |
|  | **[ ]**  | **Associated Criminal Cases report.** |
| **2.** | **To the best of my knowledge,** |       | **is not the same child as the child** |
|  | **listed in rows** |       | **of the attached** **Associated Family and Child Protection Cases report.** |
| **3.** | **I make this affidavit in good faith and for no improper purpose.** |
| Put a line through any blank space left on this page. |
| Sworn/Affirmed before me at |       |  |  |  |
|  | municipality |  |  |  |
| in |       |  |  |  |
|  | province, state, or country |  |  |  |
| on |       |  |  |  |  | Signature |
|  | date |  | *Commissioner for taking affidavits(Type or print name below if signature is illegible.)* |  |  | (This form is to be signed in front of a lawyer, justice of the peace, notary public or commissioner for taking affidavits.) |