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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.) | | | |