

FORM 4D
Courts of Justice Act
AFFIDAVIT

(General heading)

AFFIDAVIT OF *(name)*

I, *(full name of deponent)*, of the (City, Town, etc.) of, in the (County, Regional Municipality, etc.) of, *(where the deponent is a party or the lawyer, officer, director, member or employee of a party, set out the deponent's capacity),*

MAKE OATH AND SAY *(or AFFIRM)*:

1. *(Set out the statements of fact in consecutively numbered paragraphs, with each paragraph being confined as far as possible to a particular statement of fact.)*

Sworn or Affirmed before me: *(select one):* in person OR by video conference

Complete if affidavit is being sworn or affirmed in person:

at the (City, Town, etc.) of in the (County, County, Regional Municipality, etc.) of, on *(date)*.

Signature of Commissioner (or as may be)

Signature of Deponent

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 *(deponent's name)* at the (City, Town, etc.) of in the (County, Regional Municipality, etc.) of, before me on *(date)* in accordance with [O. Reg. 431/20](#), Administering Oath or Declaration Remotely.

Commissioner for Taking Affidavits *(or as may be)*

Signature of Commissioner (or as may be)

Signature of Deponent

Complete if deponent and commissioner are not in same city or town:

by *(deponent's name)* of (City, Town, etc.) of in the (County, Regional Municipality, etc.) of, before me at the (City, Town, etc.) of in the (County, Regional Municipality, etc.) of, on *(date)* in accordance with [O. Reg. 431/20](#), Administering Oath or Declaration Remotely.

Commissioner for Taking Affidavits *(or as may be)*

Signature of Commissioner (or as may be)

Signature of Deponent

RCP-E 4D (September 1, 2020)