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, 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](https://www.ontario.ca/laws/regulation/r20431), 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](https://www.ontario.ca/laws/regulation/r20431), 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 (February 1, 2021)