

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.

Put a line through any blank space left on this page.

Sworn/Affirmed before me at _____
in _____
on _____
_____ date _____
_____ Commissioner for taking affidavits
(Type or print name below if signature is illegible.)

Signature
(This form is to be signed in front of a
lawyer, justice of the peace, notary public
or commissioner for taking affidavits.)