|  |
| --- |
| ONTARIO |
|  |  | Court File Number |
| (Name of court) | Form 26A: Affidavit ofEnforcement Expenses |
| **at** |       |
|  | Court office address |
| dated |       |
| Recipient(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). |
|       |  |       |
|  |
| Payor |
| 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 that the following is true:** |
| **1.** | I am | [ ]  | a person entitled to money under an order or a domestic contract that is enforceable in this court. |
| Attachcopy oforder,contract oragreement | [ ]  | child’s custodian or guardian entitled to money for the child’s benefit under an order or a domestic contract that is enforceable in this court. |
| [ ]  | an assignee of a person or of a child’s custodian or guardian entitled to money under an order or a domestic contract that is enforceable in this court. |
| [ ]  | an agent of the Director of the Family Responsibility Office. |
|  | [ ]  | *(Other; specify.)* |
|  |  |       |
| **2.** | To enforce the order or domestic contract, I took the following steps for which I am claiming costs under the rules of the court: |
|  | [ ]  | A financial examination of the payor was carried out. |
|  | [ ]  | A writ of seizure and sale was issued, filed and enforced. |
|  | [ ]  | A notice of garnishment was issued, served, filed and enforced. |
|  | [ ]  | A writ of seizure and sale was changed by way of a statutory declaration. |
|  | [ ]  | A notice of garnishment was changed by way of a statutory declaration. |
|  | [ ]  | *(Other; specify.)* |
|  |  |       |
| Put a line through any blank space left on this page. |

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| Form 26A: | Affidavit of Enforcement Expenses | (page 2) |  | Court File Number |
|  |  |  |
|  |
| **3.** | The details of my claim are as follows: *(For each item of expense, give the date when it was paid and the amount. Where receipts are available, please attach them and identify them in numbered sequence.)* |
| **item of expense** | **date** | **Amount** | **Receipt No.** |
|       |       |       | **1** |
|       |       |       | **2** |
|       |       |       | **3** |
|       |       |       | **4** |
|       |       |       | **5** |
|       |       |       | **6** |
|       |       |       | **7** |
|       |       |       | **8** |
|       |       |       | **9** |
|       |       |       | **10** |
|       |       |       | **11** |
|       |       |       | **12** |
|       |       |       | **13** |
|       |       |       | **14** |
|       |       |       | **15** |
|       |       |       | **16** |
|       |       |       | **17** |
|       |       |       | **18** |
|       |       |       | **19** |
|       |       |       | **20** |
|       |       |       | **21** |
|       |       |       | **22** |
|       |       |       | **23** |
| If you need more space, you may attach extra sheets and number them. |
|  before me at |       |  |  |  |
|  | municipality |  |  |  |
| in |       |  |  |  |
|  | province, state or country |  |  |  |
| on |       |  |  |  |  | Signature(This form is to be signed in front of a lawyer, justice of the peace, notary public or commissioner for taking affidavits.) |
|  | date |  | Commissioner for taking affidavits(Type or print name below if signature is illegible.) |  |  |