

	Court File No.		
o the Accountant of the Superior Court of Justice or the Clerk of the Family Court:			
My name is			
l live at		(Full name)	
		r, unit, municipality, province, and post	al code))
I wish to have money:	paid into court. I have comp		
	paid out of court. I have con	npleted Section B below.	
Section A: Request t	o pay money into court		
I am paying money in is attached.	to court because a judge ordered n	ne to. A copy of the court of	rder stamped with the court's red seal
S	ignature		Date
* A request to pay into co	urt does not need to be sworn/affirr	med before a commissioner	r for taking affidavits.
Section B: Request t	o have money paid out of co	ourt and supporting af	idavit
For payments that are to	o be made based on a court orde	er:	
I ask that \$	be paid out to:		
me (payment will be s	sent to the address above); or		
	med in court order)	(4)	·······
			s no appeal outstanding that has not
A certified or original copy	y of the court order is attached.		
For payments that are b	ased on the consent of the partic	es:	
I agree that \$	will be paid to:		
me (payment will be s	sent to the address above); or		
(Name of other person who	, who lives at will receive the funds)	(Address (street and number, u	nit, municipality, province, and postal code))
_			ial party or a child who is under the
Attach a copy of photo ide	entification for yourself to this form,	as well as proof of your da	te of birth and current address.
before	me at(Municip		
···	(Province, state or country)		Signature
on	, 20		(This form is to be signed in front of a lawyer, justice of the peace, notary public or commissioner for taking affidavite.)
		oner for taking affidavits me below if signature is illegible.)	taking affidavits.)

WARNING: IT IS AN OFFENCE UNDER THE CRIMINAL CODE TO KNOWINGLY SWEAR OR AFFIRM A FALSE AFFIDAVIT.