|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | | | | | Ministry of the Attorney General | | | | | | | | | Court Services Division | | | | | Request to Pay Money into  or out of Court – Family | | | | | | | |
| **Court File No.** | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |
| **To the Accountant of the Superior Court of Justice or the Clerk of the Family Court:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **My name is** | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | . |
|  | | | | | | | | (Full name) | | | | | | | | | | | | | | | | | | | | | | |  |
| **I live at** | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | . |
|  | | | | | (Address (street and number, unit, municipality, province, and postal code)) | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **I wish to have money:** | | | | | | | | | | |  | | | paid into court. I have completed Section A below. | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | |  | | | paid out of court. I have completed Section B below. | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Section A: Request to pay money into court** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | I am paying money into court because a judge ordered me to. A copy of the court order stamped with the court’s red seal is attached. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |  | |  |  | | | | | |
| Signature | | | | | | | | | | | | | | | | | | | | | | |  | |  | Date | | | | | |
| \* *A request to pay into court does not need to be sworn/affirmed before a commissioner for taking affidavits*. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Section B: Request to have money paid out of court and supporting affidavit** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **For payments that are to be made based on a court order:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I ask that $ | | | | | |  | | | | | | be paid out to: | | | | | | | | | | | | | | | | | | | |
|  | | | | me (payment will be sent to the address above); or | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | |  | | | | | | | | | | | | | | , who lives at | | | |  | | | | | | | | | |
|  | | | | (Name of other person named in court order) | | | | | | | | | | | | | |  | | | | (Address (street and number, unit, municipality, province, and postal code)) | | | | | | | | | |
|  | | | | I confirm that the time for seeking an appeal of the order has ended and that there is no appeal outstanding that has not yet been resolved. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| A certified or original copy of the court order is attached. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **For payments that are based on the consent of the parties:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I agree that $ | | | | | | | | |  | | | | | | will be paid to: | | | | | | | | | | | | | | | | |
|  | | | | me (payment will be sent to the address above); or | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | |  | | | | | | | | | | | | | | , who lives at | | | |  | | | | | | | | | |
|  | | | | (Name of other person who will receive the funds) | | | | | | | | | | | | | |  | | | | (Address (street and number, unit, municipality, province, and postal code)) | | | | | | | | | |
|  | | | | I confirm that neither myself nor the person who is to receive the payment is a special party or a child who is under the age of 18. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Attach a copy of photo identification for yourself to this form, as well as proof of your date of birth and current address. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sworn/Affirmed before me at | | | | | | | | | | | | |  | | | | | | | | | | | | | | |  |  |  | |
|  | | | | | | | | | | | | | (Municipality) | | | | | | | | | | | | | | |  |  |  | |
| in |  | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |  | |
|  | (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 affidavits.) | |
|  | |  | | | | | | | | | | | | | |  |  | | |  | Commissioner for taking affidavits | | | | | | |  |  |  | |
|  | | | | | | | | | | | | | | | | | | | | | (Type or print name below if signature is illegible.) | | | | | | |  |  |  | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **WARNING:** | | | | | | | **IT IS AN OFFENCE UNDER THE *CRIMINAL CODE* TO KNOWINGLY SWEAR OR AFFIRM A FALSE AFFIDAVIT.** | | | | | | | | | | | | | | | | | | | | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | | | | | Ministère du Procureur générale | | | | Division des services aux tribunaux | | | | | | | | Demande de consignation d'une somme d'argent au tribunal ou de versement d'une somme consignée – Droit de la famille | | | | | | | | | |
| **Dossier du tribunal no** | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |
| **À l'attention du comptable de la Cour supérieure de justice ou du greffier de la Cour des petites créances :** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Je m'appelle** | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | . |
|  | | | | | (Nom au complet) | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| **Je réside à/au** | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | . |
|  | | | | | | (Adresse (rue, numéro, appartement, municipalité, province et code postal)) | | | | | | | | | | | | | | | | | | | | | | | | | |
| **J'aimerais :** | | | | | | | |  | consigner une somme d'argent au tribunal. J'ai rempli la Section A ci-dessous. | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | |  | verser une somme consignée. J'ai rempli la Section B ci-dessous. | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Section A: Demande de consignation d'une somme d'argent au tribunal** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | Je consigne une somme d'argent au tribunal, car un juge m'a ordonné de le faire. Une copie de l'ordonnance judiciaire est jointe en annexe. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |  | |  |  | | | | | |
| Signature | | | | | | | | | | | | | | | | | | | | | | |  | |  | Date | | | | | |
| *\* La demande de consignation ne doit pas être souscrite devant un commissaire aux affidavits.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Section B: Demande de versement d'une somme consignée et affidavit à l'appui** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Pour des versements aux termes d'une ordonnance judiciaire :** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Je demande que la somme de | | | | | | | | | | |  | | | | | | | | | $ soit versée à, selon le cas : | | | | | | | | | | | |
|  | | | | moi-même (le paiement sera envoyé à l'adresse ci-dessus), | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | |  | | | | | | | | | | | | qui réside à/au : | | | | | | | |  | | | | | | | |
|  | | | | (Nom de l'autre personne désignée dans l'ordonnance judiciaire) | | | | | | | | | | | |  | | | | | | | | (Adresse (rue, numéro, appartement, municipalité, province et code postal)) | | | | | | | |
|  | | | | Je confirme que le délai imparti pour interjeter appel s'est écoulé et qu'il n'y a pas d'appel pendant. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Une copie certifiée conforme de l'ordonnance judiciaire est jointe en annexe. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Pour des versements selon le consentement des parties :** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Je consens à ce que la somme de | | | | | | | | | | | | |  | | | | | | | | $ soit versée à, selon le cas : | | | | | | | | | | |
|  | | | | moi-même (le paiement sera envoyé à l'adresse ci-dessus), | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | |  | | | | | | | | | | | | qui réside à/au : | | | | | | | |  | | | | | | | |
|  | | | | (Nom de l'autre personne qui recevra les fonds) | | | | | | | | | | | |  | | | | | | | | (Adresse (rue, numéro, appartement, municipalité, province et code postal)) | | | | | | | |
|  | | | | Je confirme que ni la partie ni l'auteur de la demande n'est une partie spéciale ou un enfant de moins de 18 ans. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Veuillez joindre à la présente formule une copie d'une pièce d'identité avec photo de vous-même, ainsi que la preuve de votre date de naissance et de votre adresse. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Juré/affirmé solennellement devant moi à | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  |  |  | |
|  | | | | | | | | | | | | | | | | | (Municipalité) | | | | | | | | | | |  |  |  | |
| en |  | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |  | |
|  | (Province, état ou pays) | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  | Signature | |
| le | |  | | | | | | | | | | 20 | | |  | | |  |  | | | | | | | | |  |  | (La présente formule doit être signée devant un avocat, un juge de paix, un notaire ou un commissaire aux affidavits.) | |
|  | |  | | | | | | | | | |  | | |  | | |  | Commissaire aux affidavits | | | | | | | | |  |  |
|  | | | | | | | | | | | | | | | | | | | (Dactylographier ou écrire le nom ci-dessous si la signature est illisible.) | | | | | | | | |  |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **ATTENTION :** | | | | | | | **FAIRE DES DÉCLARATIONS MENSONGÈRES DANS UN AFFIDAVIT SOUSCRIT SOUS SERMENT OU AFFIRMATION SOLENNELLE CONSTITUE UNE INFRACTION AU *CODE CRIMINEL*.** | | | | | | | | | | | | | | | | | | | | | | | | |