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| ONTARIO |
|  |  |  | Court File Number      |
|  | (Name of court) | Affidavit in support of Application under section 7 FOAEAA (enforce support) |
| **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:** |
| **1.** | I am asking the court for information that will help me to enforce a support order dated |       |
|  | made under Court File Number |       | . A copy of the order is attached to this Affidavit. |
| **2.** | I make this affidavit in support of an application under section 7 of the *Family Orders and Agreements Enforcement Assistance Act,* R.S.C. 1985, c. 4 (2nd Supp.) (“FOAEAA”) for an order, under section 10 of FOAEAA, authorizing an official of the court to apply for the release of information under section 12 of FOAEAA. |
| **3.** | I am requesting information related to |       |
|  |  | (name of person to whom the requested information relates) |
| **4.** | The information that I request is: |
|  | [ ]  | The address of the person named in paragraph 3. |
|  | [ ]  | The name and address of the employer of the person named in paragraph 3. |
|  |  | In relation to the person named in paragraph 3, for the taxation year preceding the taxation year in which this application is made: |
|  |  | [ ]  | The information set out in their Income Tax and Benefit Return (T1), other than their Social Insurance Number and information set out only in the schedules. |
|  |  | [ ]  | The information set out in their Notice of Assessment and Notice of Reassessment, other than their Social Insurance Number. |
|  |  | [ ]  | The name and address of each person and entity from which they received income and the amount of income received from each. |

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| **5.** | The reasons that I am making this application are (*include information about any breaches to the support order you are seeking to enforce)*: |
|  |       |
| **You MUST complete paragraphs 6-13 if you have not given notice of this application to the person named in paragraph 3.** |
| **6.** | [ ]  I have been unable to locate the person named in paragraph 3.  |
| **7.** | [ ]  I have taken the following steps to locate the person named in paragraph 3 |
|  |       |
| **8.** | [ ]  The sole purpose of this application is to obtain information needed to enforce the support order referred to in paragraph 1 of this Affidavit. |
| **9.** | [ ]  I have attached to this Affidavit my recent criminal record check required by section 9(3)(a) of the *Family Orders and Agreements Enforcement Assistance Act*. |
| **10.** | 1. [ ]  Yes, I am
2. [ ]  No, I am not
 |
|  | subject to a court order, agreement, undertaking or recognizance or any other legal document restricting me from communicating with or contacting the person named in paragraph 3.[ ]  (*If you selected “yes” to question 10)* I have attached the court order, agreement, undertaking, recognizance or other similar document to this Affidavit. |
| **11**. | 1. [ ]  Yes, I am
2. [ ]  No, I am not
 |
|  | involved in any court proceeding to restrict my communication or contact with the person named in paragraph 3. |

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| **12.** | 1. [ ]  Yes, I have
2. [ ]  No, I have not

caused or attempted to cause physical harm to the person named in paragraph 3 or caused that person to fear for their safety or security or someone else’s safety or security.  |
| **13.** | 1. [ ]  Yes, I have
2. [ ]  No, I have not

been charged with or found guilty of an offence against the person named in paragraph 3. |
| **14.** | If you indicated “yes” at any paragraph 10 to 13, you may include additional information here to explain the circumstances: |
|  |       |
| **15.** | The information I request is necessary to enforce the support order referred to in paragraph 1 of this Affidavit. |
| **16.** | The information I request will only be used for the purpose identified in this Affidavit. |
| **17.** | I make this Affidavit in good faith. |
|  | *Put a line through any blank space on this page.* |
| Sworn/Affirmed before me at |       |  |  |  |
|  | municipality |
| in |       |
|  | province, state or country | Signature(This form is to be signed in front of a lawyer, justice of the peace, notary public or commissioner for taking affidavits.) |
| on |       |  |  |
|  | date | Commissioner for taking affidavits(Type or print name below if signature is illegible.) |