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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. | | | | | | | | | | | |

| Affidavit in support of Application under section 7 FOAEAA (enforce support) | | (page 2) | Court File Number |
| --- | --- | --- | --- |
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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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| Affidavit in support of Application under section 7 FOAEAA (enforce support) | | | | | | (page 3) | | | | Court File Number |
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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.) | |