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| ONTARIO |
|  |  |  | Court File Number      |
|  | (Name of court) | Affidavit in support of Application/Motion under section 7 FOAEAA (establish or change 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 |
|  | [ ]  | establish a support order |
|  | [ ]  | change a support order 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/motion under section 7 of the *Family Orders and Agreements 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.** | I am also requesting information related to |       |
|  |  | (name and 15 character business number of corporation controlled directly or indirectly by the person named in paragraph 3) |
| **5.** | *(If corporation is controlled indirectly, include information about the basis on which indirect control is established)* I believe that the person named in paragraph 3 indirectly controls the corporation named in paragraph 4 because: |
|  |       |

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| **6.** | For the individual named in paragraph 3 of this Affidavit, the information that I request is: |
|  | [ ]  | The address of the person |
|  | [ ]  | The name and address of the employer of the person |
|  | [ ]  | Information related to the person, other than their Social Insurance Number, that is set out in the federal tax form(s) checked below for the specified taxation year(s): |
|  |  |  |  |
|  |  | **Federal Tax Form(s)****Note:** The federal tax forms shaded in grey are currently not available for disclosure as they are not captured in the Canada Revenue Agency information banks. **Note:** The CRA information banks only capture information for a period of up to 10 years. The year(s) requested should not exceed 10 years from the time this application is made. | **Year(s) requested** |
|  |  | [ ]  | Income Tax and Benefit Return (T1), including the schedules checked below.**Note:** The T1 schedules that are currently available for disclosure are listed below. |       |
|  |  |  | [ ]  | Schedule 1 – Federal Tax |       |
|  |  |  | [ ]  | Schedule 2 – Federal Amounts Transferred from your Spouse or Common-Law Partner |       |
|  |  |  | [ ]  | Schedule 3 – Capital Gains (or Losses) |       |
|  |  |  | [ ]  | Schedule 5 – Amounts for Spouse or Common-Law Partner and Dependants |       |
|  |  |  | [ ]  | Schedule 6 – Canada Workers Benefit |       |
|  |  |  | [ ]  | Schedule 7 – RRSP, PRPP, and SPP Unused Contributions, Transfers, and HBP or LLP Activities |       |
|  |  |  | [ ]  | Schedule 8 – Canada Pension Plan Contributions and Overpayment |       |
|  |  |  | [ ]  | Schedule 9 – Donations and Gifts |       |
|  |  |  | [ ]  | Schedule 10 – Employment Insurance (EI) and Provincial Parental Insurance (PPIP) Premiums |       |
|  |  |  | [ ]  | Schedule 11 – Federal Tuition, Education, and Textbook Amounts and Canada Training Credit |       |
|  |  |  | [ ]  | Schedule 13 – Employment Insurance Premiums on Self-Employment and Other Eligible Earnings |       |
|  |  |  | [ ]  | Schedule 14 – Climate Action Incentive |       |
|  |  |  | [ ]  | Schedule A – Statement of World Income (for Non-Residents and Deemed Residents of Canada) |       |
|  |  | [ ]  | Notice of Assessment and Notice of Reassessment |       |
|  |  | [ ]  | Statement of Trust Income Allocations and Designations (T3) |       |
|  |  | [ ]  | Statement of Remuneration Paid (T4) |       |
|  |  | [ ]  | Statement of Pension, Retirement, Annuity, and Other Income (T4A) |       |
|  |  | [ ]  | Statement of Old Age Security (T4A(OAS)) |       |
|  |  | [ ]  | Statement of Canada Pension Plan Benefits (T4A(P)) |       |
|  |  | [ ]  | Statement of Distributions from a Retirement Compensation Arrangement (RCA) (T4A-RCA) |       |
|  |  | [ ]  | Statement of Employment Insurance and Other Benefits (T4E) or Statement of Employment Insurance and Other Benefits (Quebec) (T4EQ) |       |
|  |  | [ ]  | Statement of Employee Profit-Sharing Plan Allocations and Payments (T4PS) |       |
|  |  | [ ]  | Statement of Income from a Registered Retirement Income Fund (T4RIF) |       |

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| Affidavit in support of Application/Motion under section 7 FOAEAA (establish or change support) | (page 3) | Court File Number |
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|  |
|  |  | [ ]  | Statement of RRSP Income (T4RSP) |       |
|  |  | [ ]  | Statement of Investment Income (T5) |       |
|  |  | [ ]  | Statement of Real Estate Rentals (T776) |       |
|  |  | [ ]  | Statement of Employment Expenses (T777) |       |
|  |  | [ ]  | Government Service Contract Payments (T1204) |       |
|  |  | [ ]  | Statement of Farming Activities (T2042) and documents related to the AgriStability and AgriInvest programs |       |
|  |  | [ ]  | Statement of Fishing Activities (T2121) |       |
|  |  | [ ]  | Statement of Business or Professional Activities (T2125) |       |
|  |  | [ ]  | Declaration of Conditions of Employment (T2200) |       |
|  |  | [ ]  | Statement of Benefits (T5007) |       |
|  |  | [ ]  | Statement of Securities Transactions (T5008) |       |
|  |  | [ ]  | Statement of Partnership Income (T5013) |       |
|  |  | [ ]  | Statement of Contract Payments (T5018) |       |
| **7.** | For the corporation named in paragraph 4 of this Affidavit, I request the information set out in that corporation’s federal tax form(s) checked below for the specified taxation year(s): |
|  |
|  |  | **Federal Tax Form(s)** | **Year(s) requested** |
|  |  | [ ]  | Corporation Income Tax Return (T2), including the schedules checked below.**Note:** The T2 schedules that are currently available for disclosure are listed below. |       |
|  |  |  | [ ]  | Schedule 1 – Net Income (loss) for Income Tax Purposes |       |
|  |  |  | [ ]  | Schedule 5 – Tax Calculation Supplementary – Corporations |       |
|  |  |  | [ ]  | Schedule 6 – Summary of Dispositions of Capital Property |       |
|  |  |  | [ ]  | Schedule 50 – Shareholder Information |       |
|  |  |  | [ ]  | Schedule 100 – Balance Sheet Information |       |
|  |  |  | [ ]  | Schedule 125 – Income Statement Information |       |
| **8.** | The reasons that I am making this application/motion are *(include information about why you are seeking to establish or change a support order)*: |
|  |       |
| **9.** | For the information requested in paragraphs 6 and 7 of this affidavit, I request the information to be searched and released as follows *(please select one of the following)*: |
|  | [ ]  | One time search and release (upon receipt of the application). |
|  | [ ]  | Periodic search and release (upon receipt of the application and every three months for a period of 12 months following receipt of the application). |

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| **You MUST complete paragraphs 10-17 if you have not given notice of this motion to the person named in paragraph 3.** |
| **10.** | [ ]  I have been unable to locate the person named in paragraph 3. |
| **11**. | *[ ]*  I have taken the following steps to locate the person named in paragraph 3: |
|  |       |
| **12.** | The sole purpose of this application/motion is to obtain information needed to.  |
|  | [ ]  establish a support order | [ ]  change the court order referred to in paragraph 1 of this Affidavit |
| **13.** | [ ]  Attached to this Affidavit is a copy of my recent criminal record check required by section 8(3)(a) of the *Family Orders and Agreements Enforcement Assistance Act*. |
| **14.** | 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 14)* I have attached the court order, agreement, undertaking, recognizance or other similar document to this Affidavit. |
| **15.** | 1. [ ]  Yes, I am
2. [ ]  No, I am not
 |
|  | involved in a court proceeding to restrict my communication or contact with the person named in paragraph 3. |
| **16.** | 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. |
| **17.** | 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. |

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| **18.** | If you indicated “yes” at any paragraph 14 to 17, you may include additional information here to explain the circumstances: |
|  |       |
| **19.** | The information I request is necessary to |
|  | [ ]  establish a support order | [ ]  change the support order referred to in paragraph 1 of this Affidavit |
| **20.** | The information I request will only be used for the purpose identified in this affidavit. |
| ’**21.** | 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.) |