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| ONTARIO | | | | | | | | | | | |
|  |  | | | | | | | | |  | Court File Number |
|  | (Name of court) | | | | | | | | | Affidavit in support of Application 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 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 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 3.1 because: | | | | | | | | | |
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| Affidavit in support of Application under section 7 FOAEAA (establish or change support) | | | | (page 2) | Court File Number |
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| **6.** | The information that I request is: | | | | |
|  |  | The address of the person named in paragraph 3 of this Affidavit. | | | |
|  |  | The name and address of the employer of the person named in paragraph 3 of this Affidavit. | | | |
|  |  | The information related to the person named in paragraph 3 of this Affidavit, other than their Social Insurance Number, that is set out in their: | | | |
|  |  |  | Income Tax and Benefit Return (T1), including the schedules. | | |
|  |  |  | 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). | | |
|  |  |  | 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 3.1 of this Affidavit, I request the information set out in that corporation’s Corporation Income Tax Return (T2), including the schedules. | | | |
| **8.** | The reasons that I am making this application are *(include information about why you are seeking to establish or change a support order)*: | | | | |
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| Affidavit in support of Application under section 7 FOAEAA (establish or change support) | | | (page 3) | Court File Number |
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| **You MUST complete paragraphs 6-13 if you have not given notice of this motion to the person named in paragraph 3.** | | | | |
| **9.** | I have been unable to locate the person named in paragraph 3. | | | |
| **10**. | I have taken the following steps to locate the person named in paragraph 3: | | | |
|  |  | | | |
| **11.** | The sole purpose of this application is to obtain information needed to. | | | |
|  | establish a support order | change the court order referred to in paragraph 1 of this Affidavit | | |
| **12.** | 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*. | | | |
| **13.** | 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. | | | |
| **14.** | 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. | | | |
| **15.** | 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. | | | |
| **16.** | 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. | | | |

| Affidavit in support of Application under section 7 FOAEAA (establish or change support order) | | | | | | | (page 4) | | | | Court File Number |
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| **17.** | | If you indicated “yes” at any paragraph 10 to 13, you may include additional information here to explain the circumstances: | | | | | | | | | |
|  | |  | | | | | | | | | |
| **18.** | | The information I request is necessary to | | | | | | | | | |
|  | | establish a support order | | | | change the support order referred to in paragraph 1 of this Affidavit | | | | | |
| **19.** | | The information I request will only be used for the purpose identified in this affidavit. | | | | | | | | | |
| ’**20.** | | 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.) | | |