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| ONTARIO |
|  |  |  | Court File Number      |
|  | (Name of court) | Affidavit in support of Application under section 7 FOAEAA (enforce parenting or contact order) |
| **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  |
|  | [ ]  parenting order [ ]  contact 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 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 the following children, who are the subject of the court order *(name(s) of child(ren) to whom the requested information relates)*:  |
|  |       |
| **5.** | 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 name and address of the child or children named in paragraph 4 of this Affidavit. [ ]  The name and address of the employer of the child or children named in paragraph 4 of this Affidavit.  |

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| **6.** | The reasons that I am making this application are *(include information about any breaches to the parenting or contact order you are seeking to enforce and why you believe the person named in paragraph 3 has the child or children with them)*: |
|  |       |
| **You MUST complete paragraphs 7-14 if you have not given notice of this motion to the person named in paragraph 3 of this Affidavit.** |
| **7.** | [ ]  | I have been unable to locate the person, child or children named in paragraphs 3 and 4 of this Affidavit. |
| **8.** | I have taken the following steps to locate the person, child or children named in paragraphs 3 and 4 of this Affidavit. |
|  |       |
| **9.** | [ ]  | The sole purpose of this application is to obtain information needed to enforce the parenting or contact order referred to in paragraph 1 of this Affidavit. |
| **10.** | [ ]  | I have attached to this Affidavit a copy of my recent criminal record check required by section 9(3)(a) of the *Family Orders and Agreements Enforcement Assistance Act*. |
| **11.** | 1. [ ]  Yes, I am
2. [ ]  No, I am not
 |
|  | subject to any court order, agreement, undertaking or recognizance or any other document of a similar nature restricting me from communicating with or contacting the person and/or child(ren) named in paragraphs 3 and 4 of this Affidavit.[ ]  *(If you selected “yes” to question 11)* I have attached the court order, agreement, undertaking, recognizance or other similar document to this Affidavit. |

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| **12.** | 1. [ ]  Yes, I am
2. [ ]  No, I am not
 |
|  | involved in a court proceeding to restrict my communication or contact with the person and/or child(ren) named in paragraphs 3 and 4 of this Affidavit. |
| **13.** | 1. [ ]  Yes, I have
2. [ ]  No, I have not

caused or attempted to cause physical harm to the person and/or child(ren) named in paragraphs 3 and 4 of this Affidavit or caused them to fear for their safety or security or someone else’s safety or security.  |
| **14.** | 1. [ ]  Yes, I have
2. [ ]  No, I have not

been charged with nor found guilty of an offence against the person and/or child(ren) named in paragraphs 3 and 4. |
| **15.** | If you indicated “yes” at any paragraph 11 to 14, you may include additional information here to explain the circumstances: |
|  |       |
| **16.** | The information I request is necessary to enforce the parenting order referred to in paragraph 1 of this Affidavit. |
| **17.** | The information I request will only be used for the purpose identified in this Affidavit. |
| **18.** | 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.) |