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|  | | | | | | | | | | | | Ministry of the Attorney General | | | | | | | | | | Court Services Division | | | | | | | | Request to Pay Money into or out of Court | | | | | | | | | | | | |
| **Court File No.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |
| **To the Accountant of the Superior Court of Justice or the Clerk of the Small Claims Court:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **My name is** | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | . |
|  | | | | | | | | (Full name) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| **I live at** | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | . |
|  | | | | | (Address (street and number, unit, municipality, province, and postal code)) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **I wish to have money:** | | | | | | | | | | | | | |  | | | paid into court. I have completed Section A below. | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |  | | | paid out of court. I have completed Section B below. | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Section A: Request to pay money into court** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | I am paying money into court under the following statute or court rule: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | |
|  | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | (List the statute or court rule, including the section number) | | | | | | | | |
|  | | | I am paying money into court because a judge ordered me to. A copy of the court order stamped with the court’s red seal is attached. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **If you are paying money into court for a person under disability, please complete the following:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | I am paying money into court for: | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | , born on |  | | , |
|  | | | |  | | | | | | | | | | | | | | | | | (Name of person under disability) | | | | | | | | | | | | | | | | | |  | (MM/DD/YYYY) | |  |
|  | | | | who lives at: | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | , |
|  | | | |  | | | | | | (Address (street and number, unit, municipality, province, and postal code)) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | | | | telephone number: | | | | | | | | |  | | | | | | | | | | | | | | . | | | | | | | | | | | | | | | |
|  | | | |  | | | | | | | | | (xxx) xxx-xxxx | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
|  | | | | S/he is: | | | | |  | | a minor (under the age of 18). | | | | | | | | | | | | | | | | |  | | | a mentally incapable person. | | | | | | | | | | | |
|  | | | | Her/his litigation guardian is: | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | |  | | | | | | | | | | | | | | | (Name of litigation guardian) | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | (Address (street and number, unit, municipality, province, and postal code)) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  |  | | | | | | | | | |
| Signature | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | Date | | | | | | | | | |
| \* *A request to pay into court does not need to be sworn/affirmed before a commissioner for taking affidavits*. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Section B: Request to have money paid out of court and supporting affidavit** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I ask that $ | | | | | |  | | | | | | | | | be paid out to: | | | | | | | | |  | | me, as ordered by the court (payment will be sent to the address above), or | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | |  | |  | | | | | | | | | | | | | | | , who lives at | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | (Name of other person named in court order) | | | | | | | | | | | | | | |  | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | (Address (street and number, unit, municipality, province, and postal code)) | | | | | | | | | | | | | | | | |
| A copy of the court order stamped with the court’s red seal is attached. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I swear/affirm that the time allowed for an appeal has ended and no appeal is pending. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sworn/Affirmed before me at | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |  |  |  | | | | |
|  | | | | | | | | | | | | | | | | (Municipality) | | | | | | | | | | | | | | | | | | | |  |  |  | | | | |
| in |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |  | | | | |
|  | (Province, state or country) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  | Signature | | | | |
| on | |  | | | | | | | | | | | | | | | | , 20 | |  | | |  | |  | | | | | | | | | | |  |  | (This form is to be signed in front of a lawyer, justice of the peace, notary public or commissioner for taking affidavits.) | | | | |
|  | |  | | | | | | | | | | | | | | | |  | |  | | |  | | Commissioner for taking affidavits | | | | | | | | | | |  |  |  | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | (Type or print name below if signature is illegible.) | | | | | | | | | | |  |  |  | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **WARNING:** | | | | | | | **IT IS AN OFFENCE UNDER THE *CRIMINAL CODE* TO KNOWINGLY SWEAR OR AFFIRM A FALSE AFFIDAVIT.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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|  | | | | | | | | | | | | | Ministère du Procureur générale | | | | Division des services aux tribunaux | | | | | | | | Demande de consignation d'une somme d'argent au tribunal ou de versement d'une somme consignée | | | | | | | | | | | | | | | | | |
| **Dossier du tribunal no** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |
| **À l'attention du comptable de la Cour supérieure de justice ou du greffier de la Cour des petites créances :** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Je m'appelle** | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | . |
|  | | | | | | (Nom au complet) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| **Je réside à/au** | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | . |
|  | | | | | | | (Adresse (rue, numéro, appartement, municipalité, province et code postal)) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **J'aimerais :** | | | | | | | | |  | consigner une somme d'argent au tribunal. J'ai rempli la Section A ci-dessous. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | |  | verser une somme consignée. J'ai rempli la Section B ci-dessous. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Section A : Demande de consignation d'une somme d'argent au tribunal** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | Je consigne une somme d'argent au tribunal en vertu de la loi ou de la règle suivante : | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | |
|  | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | (Loi ou règle, avec le numéro de la disposition) | | | | | | | | |
|  | | | Je consigne une somme d'argent au tribunal, car un juge m'a ordonné de le faire. Une copie de l'ordonnance judiciaire portant le tampon rouge du tribunal est jointe en annexe. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Si vous consignez une somme d'argent pour une personne incapable, veuillez remplir ce qui suit :** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | Je consigne une somme d'argent au tribunal pour : | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | , né(e) le | | |  | , |
|  | | | | |  | | | | | | | | | | | | | | | | | | | | | (Nom de la personne incapable) | | | | | | | | | | | |  | | | (MM/DD/YYYY) |  |
|  | | | | | qui réside à/au : | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | , |
|  | | | | |  | | | | | | (Adresse (rue, numéro, appartement, municipalité, province et code postal)) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | | | | | no de téléphone : | | | | | | |  | | | | | | | | | | | | . Il ou elle est : | | | | | | |  | mineur (moins de 18 ans) | | | | | | |  | incapable | | |
|  | | | | |  | | | | | | | (xxx) xxx-xxxx | | | | | | | | | | | |  | | | | | | |  |  | | | | | | |  |  | | |
|  | | | | | Son tuteur à l'instance est : | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | |  | | | | | | | | | | (Nom du tuteur à l'instance) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | (Adresse (rue, numéro, appartement, municipalité, province et code postal)) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  | |  | | | | | | | | | | | | |
| Signature | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  | | Date | | | | | | | | | | | | |
| \* *La demande de consignation d'une somme d'argent au tribunal ne doit pas être souscrite en présence d'un commissaire aux affidavits sous serment ou affirmation solennelle.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Section B : Demande de versement d'une somme consignée et affidavit à l'appui** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Je demande que la somme de | | | | | | | | | | | | | |  | | | | | | | | $ soit versée à, selon le cas : | | | | | | | | | | | | | | | | | | | | |
|  | | | | moi-même, selon l'ordonnance du tribunal (le paiement sera envoyé à l'adresse ci-dessus), | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | |  | | | | | | | | | | | | | | | | | | | qui réside à/au : | | | | | |  | | | | | | | | | | | | | |
|  | | | | (Nom de la personne désignée dans l'ordonnance judiciaire) | | | | | | | | | | | | | | | | | | |  | | | | | | (Adresse (rue, numéro, appartement, municipalité, province et code postal)) | | | | | | | | | | | | | |
| Une copie de l'ordonnance judiciaire portant le tampon rouge du tribunal est jointe en annexe. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Je jure ou affirme solennellement que le délai imparti pour interjeter appel s'est écoulé et qu'il n'y a pas d'appel pendant. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Juré/affirmé solennellement devant moi à | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |  |  |  | | | | | |
|  | | | | | | | | | | | | | | | | | | | (Municipalité) | | | | | | | | | | | | | | | |  |  |  | | | | | |
| en |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |  | | | | | |
|  | (Province, état ou pays) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  | Signature | | | | | |
| le | |  | | | | | | | | | | | | | | 20 | |  | |  |  | | | | | | | | | | | | | |  |  | (La présente formule doit être signée devant un avocat, un juge de paix, un notaire ou un commissaire aux affidavits.) | | | | | |
|  | |  | | | | | | | | | | | | | |  | |  | |  | Commissaire aux affidavits | | | | | | | | | | | | | |  |  |
|  | | | | | | | | | | | | | | | | | | | | | (Dactylographier ou écrire le nom ci-dessous si la signature est illisible.) | | | | | | | | | | | | | |  |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **ATTENTION :** | | | | | | | | **FAIRE DES DÉCLARATIONS MENSONGÈRES DANS UN AFFIDAVIT SOUSCRIT SOUS SERMENT OU AFFIRMATION SOLENNELLE CONSTITUE UNE INFRACTION AU *CODE CRIMINEL*.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |