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| Form 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| AFFIDAVIT OF SERVICE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ONTARIO  SUPERIOR COURT OF JUSTICE | | | | | | | | | | |  | (*Criminal Proceedings Rules*, Rule 5) | | | | | | | | | | | | | | | | | |  |  | | |
|  |  |
|  | | | | | | | | | | | Court File No. (if known) | | |
| Region | | | | | | | | | | |
| BETWEEN: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **HIS MAJESTY THE KING** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **- and -** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (specify name of accused) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I, |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | , | |
|  | (full name) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| of | |  | | | | | | | | | | | | | | | | | , in the | | | | |  | | | | | | | | , | |
|  | | (City, Town, etc.) | | | | | | | | | | | | | | | | |  | | | | | (County, District, Regional Municipality, etc.) | | | | | | | |  | |
| of | |  | | | | | | | | | | | | | | | | | | | , MAKE OATH AND SAY (or AFFIRM): | | | | | | | | | | | | |
| **(Personal Service)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. | | | On | | | |  | | | | | | , at | |  | | | | , I served | | | | | |  | | | | | | | | |
|  | | |  | | | | (date) | | | | | |  | | (time) | | | |  | | | | | | | (identify person served) | | | | | | | |
|  | | | with the | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | |  | | | | | (identify document(s) served) | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | by leaving a copy with them at (address where service was made) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | . |
|  | | | Where the rules provide for personal service on a corporation, etc., by leaving a copy of the document(s) with another person, substitute: by leaving a copy with (identify person by name and title) at (address where service was made) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | . |
| 2. | | | I was able to identify the person by means of | | | | | | | | | | | | | (state the means by which the person’s identity was ascertained) | | | | | | | | | | | | | | | | | |
|  | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **(Service by mail to last known address as an alternative to personal or email service)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. | | | On | | | |  | | | | | | , I sent a copy of | | | |  | | | | | | | | | | | | | | | | |
|  | | |  | | | | (date) | | | | | |  | | | | (identify document(s) sent) | | | | | | | | | | | | | | | | |
|  | | | to | |  | | | | | | | | | | | | | | | | | by prepaid first class *(or registered or certified)* mail to | | | | | | | | | | | |
|  | | |  | | (identify person served) | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |
|  | | |  | | | | | | | | | | | | | | | | | , the counsel for the | | | | | | | | |  | | | , | |
|  | | | (name of counsel) | | | | | | | | | | | | | | | | |  | | | | | | | | | (identify party) | | |  | |
|  | | | at |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | . | |
|  | | |  | (full mailing address) | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| **(Service by mail on counsel of record)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. | | | I served | | | | | | |  | | | | | | | | with the | | | | |  | | | | | | | | | | |
|  | | |  | | | | | | (identify person served) | | | | | | | | |  | | | | | (identify document(s) served) | | | | | | | | | | |
|  | | | by sending a copy by prepaid first class *(or registered or certified)* mail on | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |
|  | | |  | | | | | | | | | | | | | | | | | | | | | | | | (date) | | | | | | |
|  | | | to | |  | | | | | | | | | | | , the counsel of record for the | | | | | | | | | | | | |  | | | , | |
|  | | |  | | (name of counsel) | | | | | | | | | | |  | | | | | | | | | | | | | (identify party) | | |  | |
|  | | | at | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | . | |
|  | | |  | | | (full mailing address) | | | | | | | | | | | | | | | | | | | | | | | | | |  | |

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| Page 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| AFFIDAVIT OF SERVICE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (*Criminal Proceedings Rules*, Rule 5, Form 7) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **(Service by mail on a party acting in person or a non-party)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. | | | I served | | | | |  | | | | | | | | | | | | with the | | | | | | |  | | | | | | | | | | | | |
|  | | |  | | | | | | (identify party or person served) | | | | | | | | | | |  | | | | | | | (identify document(s) served) | | | | | | | | | | | | |
|  | | | by sending a copy by prepaid first class *(or registered or certified)* mail on | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | to | | | |
|  | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | (date) | | | | | |  | | | |
|  | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | , the last known address of | | | | | |
|  | | | (full mailing address) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |
|  | | |  | | | | | | | | | | | | | | | | | . | | | | | | | | | | | | | | | | | | | |
|  | | | (identify party or person) | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| **(Service at place of residence as an alternative to personal or email service)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. | | | I served | | |  | | | | | | | | | | | | | | with the | | | | | |  | | | | | | | | | | | | | |
|  | | |  | | | | (identify person served) | | | | | | | | | | | | |  | | | | | | (identify document(s) served) | | | | | | | | | | | | | |
|  | | | by leaving a copy on | | | | | | | |  | | | | | | | | | | , at |  | | | | | | | | | , with a person | | | | | | | | |
|  | | |  | | | | | | | (date) | | | | | | | | | | |  | (time) | | | | | | | | |  | | | | | | | | |
|  | | |  | | | | | | | | | | | | | | who appeared to be an adult member of the same household in which | | | | | | | | | | | | | | | | | | | | | | |
|  | | | (insert name if known) | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
|  | | |  | | | | | | | | | | | | | is residing, at | | | | | | |  | | | | | | | | | | | | | | | | |
|  | | | (identify person served) | | | | | | | | | | | | |  | | | | | | | (address where service was made) | | | | | | | | | | | | | | | | |
|  | | | and by sending a copy by prepaid first class *(or registered or certified)* mail on | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |
|  | | | to | |  | | | | | | | | | | | | | at the same address. | | | | | | | | | | | | | | | | | | | | | |
|  | | |  | | (identify person served) | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| 2. | | | I ascertained that the person was an adult member of the household by means of | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | (state how it was ascertained that the person was an adult member of the household) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3. | | | Before serving the documents in this way, I made an unsuccessful attempt to serve | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | |  | | | | | | | | | | | | | | | | personally at the same address on | | | | | | | | | | | | | |  | | | | . | | |
|  | | | (identify person) | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | (date) | | | |  | | |
|  | | | *(If more than one attempt has been made, add:* and again on | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | .*)* | | | | |
|  | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | (date) | | | | | |  | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | |  |  | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | |  | Deponent’s signature | | | | | | | | | | | | | |
| Sworn (or Affirmed) before me at the | | | | | | | | | | | | |  | | | | | | | | | | |  |  | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | (City, Town, etc.) | | | | | | | | | | |  |  | | | | | | | | | | | | | |
| of |  | | | | | | | | | | | | | | | | | | | | | | |  |  | | | | | | | | | | | | | |
| in the | | | |  | | | | | | | | | | | | | | | | | | | |  |  | | | | | | | | | | | | | |
|  | | | | (County, District, Regional Municipality, etc.) | | | | | | | | | | | | | | | | | | | |  |  | | | | | | | | | | | | | |
| of |  | | | | | | | | | | | | | | | | | | | | | | |  |  | | | | | | | | | | | | | |
| on | |  | | | | | | | | | | , 20 | |  | . | | | | | | | | | |  | | | | | | | | | | | | | |
|  | | (date) | | | | | | | | | |  | | | | | | | | | | | |  | Commissioner for Taking Oaths (or as may be) | | | | | | | | | | | | | |