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| REQUEST FOR A COPY OF A *YOUTH CRIMINAL JUSTICE ACT* (CANADA) SENTENCE ORDER *DEMANDE EN VUE D’OBTENIR UNE COPIE D’UNE ORDONNANCE PORTANT DÉCISION RENDUE EN VERTU DE LA* LOI SUR LE SYSTÈME DE JUSTICE PÉNALE POUR LES ADOLESCENTS *(CANADA)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| YOUTH JUSTICE COURT *TRIBUNAL POUR ADOLESCENTS* CANADA PROVINCE OF ONTARIO *PROVINCE DE L’ONTARIO* | | | | | | | | | | | | | | |  | | **Form / *Formule* 1**, *Parental Responsibility Act*, 2000. O. Reg. 402/00 /  Loi de 2000 sur la responsabilité parentale, *Règl. de l’Ont. 402/00* Paragraph / *Alinéa* 119(1)(r) of the *Youth Criminal Justice Act* / *de la* Loi sur le système de justice pénale pour les adolescents | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | | | | | | | | | | | | | | | AFFIDAVIT / AFFIDAVIT | | | | | | | | | | | | | | | | | | | Case/File No. / *N° du cas/dossier* | | | | | | |  |
| (Region / *Région)* | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (Check as applicable / *Cocher les cases pertinentes*) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | **Individual *(Victim or Litigation Guardian)* / *Particulier* (victime ou tuteur (tutrice) à l’instance)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | I, | | | |  | | | | | | | | | | | | | | | | | of the | | | | |  | | | | | | | | | | | of | |  | | | |
|  | | 1. *Je soussigné(e),* | | | | | | | | | | | (insert full name / *inscrire le nom au complet*) | | | | | | | | | | 1. *de(du)* | | | | | (City, etc./ *ville, etc.*) | | | | | | | | | | | 1. *de* | |  | | | |
|  | | in the | | | | |  | | | | | | | | | | | | | | | of |  | | | | | | | | | | | | | | | | | | | | | |
|  | | 1. *dans le(la)* | | | | | | | | | (County, etc. */ comté, etc.)* | | | | | | | | | | | 1. *de* | | | | | | | | | | | | | | | | | | | | | | |
|  | | **Corporation / *Personne morale*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | I, | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | 1. *Je soussigné(e),* | | | | | | | | | | | (insert name and title of representative / *inscrire le nom et titre du(de la) représentant(e))* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | for the | | | | | | | |  | | | | | | | | | | | | | | | | | of the | | | |  | | | | | | | of | |  | | | | |
|  | | 1. *de* | | | | | | | | (name of corporation / *dénomination sociale de la personne morale)* | | | | | | | | | | | | | | | | | 1. *de(du)* | | | | (City, etc. / *ville, etc.)* | | | | | | | 1. *de* | | | | | | |
|  | | in the | | | | | | |  | | | | | | | | | | | of |  | | | | | | | | | | | | | |  | | | | | | | | | |
|  | | 1. *dans le(la)* | | | | | | | | | | (County, etc. */ comté, etc.)* | | | | | | | | 1. *de* | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | **Insurer */ Assureur*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | I, | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | for the | | |  | | | | | | | |
|  | | 1. *Je soussigné(e),* | | | | | | | | | | | | (insert name and title of representative / *inscrire le nom et titre du(de la) représentant(e)*) | | | | | | | | | | | | | | | | | | | | 1. *de* | | | (name of Insurer / *nom de l’assureur*) | | | | | | | |
|  | | of the | | | | | | | |  | | | | | | of | | |  | | | | | in the | | | |  | | | | | | | | | | | of | |  | | | |
|  | | 1. *de(du)* | | | | | | | | (City, etc. / *ville, etc.)* | | | | | | *de* | | | | | | | | 1. *dans le(la)* | | | | | | (Country, etc. / *comté, etc.)* | | | | | | | | | 1. *de* | | | | | |
| **MAKE OATH AND SAY (OR AFFIRM) as follows:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. ***DÉCLARE SOUS SERMENT (ou affirme solennellement) ce qui suit :*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | I am a victim of the offence(s) described below. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | 1. *Je suis une victime de l’infraction (des infractions) décrite(s) ci-dessous.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | I am the litigation guardian for a victim of the offence(s) described below. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | 1. *Je suis le tuteur ou la tutrice à l’instance d’une victime de l’infraction (des infractions) décrite(s) ci-dessous.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | I am a representative of a corporation that is a victim of the offence(s) described below. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | 1. *Je suis le représentant ou la représentante d’une personne morale qui est une victime de l’infraction (des infractions) décrite(s) ci-dessous.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | I am a representative of an insurer of property affected by the offence(s) described below. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | 1. *Je suis le représentant ou la représentante d’un assureur des biens touchés par l’infraction (les infractions) décrite(s) ci-dessous.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | I have (or the corporation has or the insurer has) commenced an action under the Parental Responsibility Act, 2000 at | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | 1. *J’ai (ou la personne morale ou l’assureur a) intenté une action en vertu de la* Loi de 2000 sur la responsabilité parentale *à la Cour des petites créances à(au)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Small Claims Court | | |
|  | | | | (location / *lieu*) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| I believe that | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. *Je crois que* | | | | | | | | (name, address and date of birth of young person / *nom,* *adresse et date de naissance de l’adolescent*) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| was charged with the following offence(s) / *a été inculpé(e) de l’infraction (des infractions) suivante(s)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (brief description of incident / *brève description de l’incident*) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I believe that the young person named above was found guilty by the | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| 1. *Je crois que l’adolescent nommé ci-dessus a été déclaré coupable par le* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | (name of court / *nom du tribunal*) | | | | | | | | | | | | | | | |
| at |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. *à(au)* | | | | | (complete mailing address / *adresse postale complète)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I am entitled under section 163 and paragraph 119(1)(r) of the *Youth Criminal Justice Act* and the *Parental Responsibility Act* to obtain a copy of the *Youth Criminal Justice Act* Sentence Order or the *Young Offenders Act* Order of Disposition. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. *J’ai l’autorisation, en vertu de l’article 163 et de l’alinéa 119(1)(r) de la* Loi sur le système de justice pénale pour les adolescents *et en vertu de la* Loi sur la responsabilité parentale, *d’obtenir une copie d’une ordonnance portant décision rendue en vertu de la* Loi sur le système de justice pénale pour les adolescents *ou de la* Loi sur les jeunes contrevenants. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I would like a copy of the Sentence Order/Order of Disposition to be mailed to me at the following address: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. *J’aimerais qu’une copie de l’ordonnance portant décision me soit envoyée par la poste à l’adresse suivante :* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (complete mailing address / *adresse postale complète)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **NOTE:** The document requested can be provided only if a complete mailing address is provided. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. ***REMARQUE :*** *Le document demandé ne peut être fourni que si une adresse postale complète est fournie.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sworn before me this      day of / *jour de*      , yr. / *an* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  | | | | | | | | | | | |
| 1. *Assermenté devant moi ce* | | | | | | | | | | | | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | | | | | | |
| at the / *à(au* )  of / *de* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |
| 1. in the Province of Ontario / *dans la province de l’Ontario* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Commissioner for Taking Affidavits / *Commissaire aux affidavits* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | Signature of Deponent / *Signature du(de la) déposant(e)* | | | | | | | | | | | |

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| **WARNINGS / *AVERTISSEMENTS*** | | | | | | | | | | | | | |
| 1 | The information in the Sentence Order/Order of Disposition is subject to the publication prohibitions and disclosure provisions of the *Youth Criminal Justice Act* (Canada). It is an offence punishable by up to two years’ imprisonment to publish, disclose or use the information contained in the sentence order/order of disposition in any way that contravenes the *Youth Criminal Justice Act.* | | | | | | | | | | | | |
|  | 1. *Les renseignements contenus dans l’ordonnance portant décision sont assujettis aux dispositions de la* Loi sur le système de justice pénale pour les adolescents *(Canada) qui portent sur les interdictions en matière de publication et sur la communication de renseignements. La publication, la communication ou l’utilisation de ces renseignements d’une manière qui est contraire à cette* Loi *constitue une infraction punissable d’un emprisonnement maximal de deux ans.* | | | | | | | | | | | | |
| 2 | You may use a copy of the Sentence Order/Order of Disposition as evidence in a claim under the *Parental Responsibility Act, 2000.* | | | | | | | | | | | | |
|  | 1. *Vous pouvez présenter comme élément de preuve une copie de l’ordonnance portant décision dans une demande prévue par la* Loi de 2000 sur la responsabilité parentale. | | | | | | | | | | | | |
| 3 | It is a criminal offence knowingly to swear a false affidavit. | | | | | | | | | | | | |
|  | 1. *Faire sciemment un faux affidavit constitue une infraction criminelle.* | | | | | | | | | | | | |
| 1. **THIS SPACE TO BE COMPLETED BY COURT STAFF / *ESPACE RÉSERVÉ AU PERSONNEL DU TRIBUNAL*** | | | | | | | | | | | | | |
|  | | A copy of the Order | | | |  | | | | | | | was mailed to above address on |
|  | | 1. *Une copie de l’ordonnance* | | | | | (Case/File No. / *N° du cas/dossier)* | | | 1. *a été envoyée par la poste à l’adresse indiquée ci-dessus le* | | | |
|  | | | | | | | | by / *par* |  | | | | |
|  | | | | | | | | | | |  | | |
|  | | | | | | | | | | | Signature of Clerk / *Signature du greffier* | | |
| 1. **OR / *OU*** | | | | | | | | | | | | | |
|  | | Order | |  | | | | | | | | not provided because: | |
|  | | 1. *L’ordonnance* | | | (Case/File No. / *N° du cas/dossier*) | | | | | | | 1. *ne peut être fournie pour la raison suivante :* | |
|  | |  | Appeal Undertaken / *Appel interjeté* | | | | | | | | | | |
|  | |  | Appeal period not expired / *Délai d’appel non échu* | | | | | | | | | | |
|  | |  | Time periods set out in ss.119(2) of the YCJA have expired. | | | | | | | | | | |
|  | |  | 1. *Délais établis en vertu du paragraphe 119(2) de la* LSJPA *échus.* | | | | | | | | | | |
|  | | | | | | | | | | |  | | |
|  | | | | | | | | | | | Signature of Clerk / *Signature du greffier* | | |