

ONTARIO

Superior Court of Justice, Family Court

(Name of Court)

Court File Number

at

(Court office address)

Form 14A: Affidavit (General)
dated _____

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 and province)

and I swear/affirm that the following is true:

Set out the statements of fact in consecutively numbered paragraphs. Where possible, each numbered paragraph should consist of one complete sentence and be limited to a particular statement of fact. If you learned a fact from someone else, you must give that person's name and state that you believe that fact to be true.

Put a line through any blank space on this page.

Sworn/Affirmed before me at:

(municipality)

in

(province, state or country)

on

(date)

Commissioner for taking affidavits
(Type or print name below if signature illegible.)

Signature

(This form to be signed in front of a lawyer, justice of the peace, notary public or commissioner for taking affidavits.)