

Explanatory Notes

Request for an attestation for the purpose of resiliating a lease on grounds of violence or sexual assault

(1974.1 Civil Code)

Under article 1974.1 of the Civil Code, a lessee may resiliate a current lease if the safety of the lessee or of a child living with the lessee is threatened because of the violent behaviour of a spouse or former spouse or because of a sexual assault, even by another person.

To be able to resiliate the lease, the lessee must send the lessor a notice accompanied by an attestation from a public officer stating that resiliation of the lease is a measure that will ensure the safety of the lessee or of a child living with the lessee.

REQUEST FORM

A person wishing to obtain the attestation required to resiliate a lease must fill out this form and print it out on standard letter-size paper (21.25 cm x 28 cm or 8.5 in x 11 in).

The form may also be obtained from

- any police service,
- a [health and social services center](#) (CSSS),
- a [crime victims assistance centre](#) (CAVAC),
- an [assistance centre for victims of sexual assault](#) (CALACS), or
- an emergency shelter
 - [Regroupement provincial des maisons d'hébergement et de transition pour femmes victimes de violence conjugale](#)
 - [Fédération des ressources d'hébergement pour femmes violentées et en difficulté du Québec.](#)

PROCEDURE

Start by filling out the request form. We suggest you keep a copy for your personal records. Send the original to the public prosecutor's office (*procureurs aux poursuites criminelles et pénales*) at the [courthouse](#) serving your municipality. The form must be accompanied by a statement sworn before a [commissioner for oaths](#). The personnel at the courthouse will assist you in locating a commissioner for oaths if you do not know one.

If you have made a complaint to the Montréal police service concerning the events that occurred or the situation leading to your request, you may send your request to the Montréal Municipal Court at 775, rue Gosford, Montréal (Québec) H2Y 3B9.

Once the above steps have been completed, your request will be processed by one of the public officers designated by the Minister of Justice.

Your request will remain confidential.

**REQUEST FOR AN ATTESTATION
 FOR THE PURPOSE OF RESILIATING A LEASE
 ON GROUNDS OF VIOLENCE OR SEXUAL ASSAULT
 (1974.1 Civil Code)**

SECTION 1					
NAME					
<input type="checkbox"/> Mr. <input type="checkbox"/> Ms.	Surname	First name			
How can you be reached?					
<input type="checkbox"/> At the appended address <input type="checkbox"/> Through the following person: <input type="checkbox"/> Ms. <input type="checkbox"/> Mr. SURNAME: _____ FIRST NAME: _____					
Your current address [or the address of the person indicated above]					
No. and street		Apt.			
Municipality		Postal code			
Home telephone		Work telephone			
THE DWELLING FOR WHICH YOU ARE SEEKING THE RESILIATION					
1. Address					
No. and street		Apt.			
Municipality		Postal code			
2. The owner or owner's representative					
Surname		First name			
No. and street		Apt.			
Municipality		Postal code			
Telephone (home)		Telephone (work)			
3. Term of current lease					
<input type="checkbox"/> lease for an indeterminate term <input type="checkbox"/> lease of less than 12 months <input type="checkbox"/> lease of 12 months or more					
		Start of lease			
		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">year</td> <td style="width: 33%;">month</td> <td style="width: 33%;">day</td> </tr> </table>	year	month	day
year	month	day			
		End of lease			
		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">year</td> <td style="width: 33%;">month</td> <td style="width: 33%;">day</td> </tr> </table>	year	month	day
year	month	day			
4. Are you the only person who has signed the lease with the owner?					
Yes <input type="checkbox"/>	No <input type="checkbox"/>				
	1. Who has also signed the lease with you as co-lessee? Surname: _____ First name: _____				
	2. What is your relationship with that person? <input type="checkbox"/> spouse <input type="checkbox"/> ex-spouse <input type="checkbox"/> other (state): _____				
5. Attach a copy of the lease					

**SECTION 2
DESCRIPTION OF THE FACTS**

Describe the events that occurred or the situation leading to your request.

Do not fill in this section if
the situation or facts you
describe have been
reported to the police

AUTHORIZATION

I, the undersigned, hereby authorize the criminal and penal prosecutor to communicate or receive personal information about me that is relevant to the processing of my request.

Name of declarant

OATH OR SOLEMN AFFIRMATION

I, the undersigned, _____
Name of declarant

declare under oath (or solemnly affirm) that the facts set out in this request are true.

Declarant

Declared under oath (or solemnly affirmed) before me

At

This

Name of Commissioner for oaths