

Please complete in block letters

IDENTITY OF THE DEPONENT:

Applicant Defendant

1 Surname(s) _____ Given name(s) _____

2 Surname at birth _____

3 Sex M F 4 Language French English

5 Residential address _____

Postal code _____ Province _____ Country _____

Telephone at home _____ At work _____ Cell phone _____

Postal address (if different) _____

Postal code _____ Province _____ Country _____

6 Date of birth _____ Social insurance number _____
Year Month Day

INFORMATION ON EMPLOYMENT AND INCOME

7 Employee Self-employed worker

Name and address of employer _____

Postal code _____ Province _____ Country _____

Remuneration _____ Language of communication French English

8 The deponent is unemployed.

9 The deponent receives last resort financial assistance benefits. File No. (CP12) _____

10 Other income (**Indicate the source and amount of each**) _____

OTHER INFORMATION

11 The name at birth of the deponent's mother _____

12 Other name(s) used by the deponent _____

13 Indicate the nature and date of the application accompanying this statement.

14 If this statement accompanies an application for revision of support, indicate the date of the judgment awarding support

_____ and the file No., if different: _____
Year Month Day

INFORMATION (IF KNOWN) CONCERNING THE OTHER PARTY

15 Residential address _____

16 Telephone at home _____ At work _____ Cell phone _____

17 Date of birth _____ Social insurance number _____
Year Month Day

STATEMENT

I declare that the information concerning myself is true and complete and I have signed

at _____ on this _____ day of _____

Signature of the deponent

**STATEMENT REQUIRED UNDER ARTICLE 444 OF THE CODE
OF CIVIL PROCEDURE (chapter C-25.01)**

Writing instructions for the deponent

The Code of Civil Procedure (chapter C-25.01) prescribes that every application relating to a support obligation must be accompanied with a statement by each party to the application with respect to that party's own situation. The information to be included is determined by regulation.

You are responsible for completing and signing the statement.

The Code of Civil Procedure prescribes that the statements filed with the court office are destroyed if no support is granted by the court or if no judgment is rendered within one year after they are filed.

It also prescribes that if support is awarded by a judgment, the information in the statements is entered in the register of support payments kept by the clerk. **Information entered in the register of support payments is confidential.**

District of: Indicate the name of the judicial district where is submitted the application relating to an obligation of support.

File No.: Indicate the file number of the application relating to an obligation of support.

Identity of the deponent: Check the square corresponding to your designation on the application relating to an obligation of support.

1 Surname, Given name

Give surname(s) and given name(s) in full.

2 Surname at birth

Please indicate even if identical to item 1.

3 Sex

Check the appropriate case.

4 Language

Check the appropriate case.

5 Residential address

Indicate in full your usual residential address.

6 Date of birth and SIN

Indicate the year, month and day of your birth and your social insurance number.

7 Employee / self-employed worker

Check the square corresponding to your main employment. Give name of employer and every other information required. Concerning your remuneration, state your salary and payment frequency (for example, every two weeks). If unemployed, check number 8.

8 Unemployed

Check if applicable.

9 Last resort financial assistance

Check if you are receiving last resort financial assistance and provide your file number at the Ministère du Travail, de l'Emploi et de la Solidarité sociale (CP12).

10 Other income

Indicate every other source of income of any kind whatever (annuities, rents, dividends, other employment, etc.). If required, use a separate sheet.

11 The name at birth of the deponent mother

Indicate your mother's surname at birth.

12 Other name(s) used by the deponent

Indicate name and/or given name by which you are known if different than those given at items 1 and 2.

13 Nature and date

Indicate the nature of the application (e.g.: application for transitory measures) to which your statement is attached and the date of such application.

14 Application for revision

If the statement is attached to an application for revision of support already determined by judgment, indicate the date of that judgment and if different, the file number in which the judgment was rendered.

15 to 17 Provide the requested information **concerning the other party, if known** (including city of residence).

Statement: Indicate the place and date and sign on the line "signature of the deponent".