



Please complete all Sections pertaining to your case. Please print.

<b>Section A</b>	<b>Information about you. (APPLICANT)</b>	<b>Information about the person against whom you are making this application. (RESPONDENT)</b>
<b>Name</b>	Last Name: ..... First Name: ..... Middle Name: ..... Other/Previous Names: .....	Last Name: ..... First Name: ..... Middle Name: ..... Other/Previous Names: .....
<b>Gender</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
<b>Birth Date</b>	Day____Month_____Year_____	Day____Month_____Year_____
<b>SIN</b>		
<b>Telephone Email Fax</b>	Home ..... Business ..... Message ..... Other ..... Email ..... Fax .....	Home ..... Business ..... Message ..... Other ..... Email ..... Fax .....
<b>Address</b>	P.O. Box ..... Apt. No. .... Street ..... City/Town ..... Province ..... Postal Code ..... Special Directions to Accommodate Service of Documents: .....	P.O. Box ..... Apt. No. .... Street ..... City/Town ..... Province ..... Postal Code ..... Special Directions to Accommodate Service of Documents: .....
<b>Legal Counsel</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe  If yes: Lawyer's Name: ..... Firm Name: ..... Address: ..... ..... Phone: ..... Email: ..... Fax: .....	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe  If yes: Lawyer's Name: ..... Firm Name ..... Address: ..... ..... Phone: ..... Email: ..... Fax: .....

<b>Section A</b>	<b>Information about you. (APPLICANT)</b>	<b>Information about the person against whom you are making this application. (RESPONDENT)</b>
<b>Current Marital Status</b>	<input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Common law relationship <input type="checkbox"/> Single	<input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Common law relationship <input type="checkbox"/> Single
<b>Income</b>	<input type="checkbox"/> Employment Income (salary/wages) <input type="checkbox"/> Commission/Bonuses/Overtime <input type="checkbox"/> Self-employed <input type="checkbox"/> Income from a Partnership/Corporation <input type="checkbox"/> Employment Insurance <input type="checkbox"/> Social Assistance/Family Benefits <input type="checkbox"/> Worker's Compensation <input type="checkbox"/> Pension Income <input type="checkbox"/> Income from a Trust <input type="checkbox"/> Other Explain: .....	<input type="checkbox"/> Employment Income (salary/wages) <input type="checkbox"/> Commission/Bonuses/Overtime <input type="checkbox"/> Self-employed <input type="checkbox"/> Income from a Partnership/Corporation <input type="checkbox"/> Employment Insurance <input type="checkbox"/> Social Assistance/Family Benefits <input type="checkbox"/> Worker's Compensation <input type="checkbox"/> Pension Income <input type="checkbox"/> Income from a Trust <input type="checkbox"/> Other Explain: .....
<b>Occupation</b>	Occupation ..... ..... <b>Employer Information</b> Name: ..... Address: ..... ..... Phone Number: ..... Email: ..... Fax: ..... <input type="checkbox"/> Other Places of Employment .....	Occupation ..... ..... <b>Employer Information</b> Name: ..... Address: ..... ..... Phone Number: ..... Email: ..... Fax: ..... <input type="checkbox"/> Other Places of Employment .....

<b>Section B</b>	<b>Relationship Between Applicant and Respondent</b>
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<input type="checkbox"/> <b>Married</b> <b>Date of Marriage:</b> ..... <b>Date of Separation:</b> ..... <input type="checkbox"/> <b>Common Law</b> <b>Date common-law relationship began:</b> ..... <b>Date of Separation:</b> ..... <input type="checkbox"/> <b>Divorced</b> <b>Date of Divorce Judgment:</b> ..... <input type="checkbox"/> <b>Single</b> <input type="checkbox"/> <b>Parent of Applicant's Child</b>
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Other

Explain: .....

Section C		List below the full names and dates of birth of all children who are the subject of this Application.		
Last Name	Given Names (underline name used)	Date of Birth	Gender (M/F)	Presently Living With:

Section D	Most Recent Court Order or Written Agreement
Most Recent Court Order (if any): Date Issued: ..... Court: ..... File Number: .....	
Most Recent Written Agreement (if any): Date: .....	