

Please complete in block letters

IDENTITY OF THE DEPONENT:

Applicant

Defendant

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

2 Surname at birth _____

3 Sexe M F

4 Language French English

5 Residential address

Postal Code _____ Province _____ Country _____

Telephone at home _____ At work _____ Cellular _____

Postal address (if different) _____

Postal Code _____ Province _____ Country _____

6 Date of birth _____ Social insurance number _____
YYYY MM DD

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 income security benefits File No. (CP 12) _____

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 to which this statement is attached

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

YYYY MM DD _____

INFORMATION (IF IT IS KNOWN) CONCERNING THE OTHER PARTY

15 Residential address _____

16 Telephone at home _____ At work _____ Cellular _____

17 Date of birth _____ Social insurance number _____
YYYY MM DD

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