CANADA Province of Québec District of File No.

SCHEDULE I (s. 1) STATEMENT REQUIRED UNDER ARTICLE 444 OF THE ACT TO ESTABLISH THE NEW CODE OF CIVIL PROCEDURE (ART. 443, 2ND PAR.)

	Please complete in block letters	
IDENTITY OF THE DEPONENT:	☐ Applicant ☐ Defendant	
1 Surname(s)	Given name(s)	
2 Surname at birth		
3 Sex	4 Language French English	
5 Residential address	1	
	Province Country	
	At workCell phone	
Postal address (if different)		
6 Date of birth Y Y Y Y N	Province Country Social insurance number	Lii
INFORMATION ON EMPLOYMENT AI		
	Self-employed worker	
Name and address of employer _	Province Country	
	Language of communication	☐ English
8 The deponent is unemployed.		
9 The deponent receives last res	sort financial assistance benefits. File No. (CP 12)	
	TS 다시의 1위 [12] () 아이 이렇게 크리얼마 1의 (이번 1의 (이번 1의 (이번 1의 (의원 1의 의원 1의 대한	
	rce and amount of each)	
10 Other income (Indicate the sour		
Other income (Indicate the sour		
Other income (Indicate the source of the Information of the deponent of the de	rce and amount of each)	
OTHER INFORMATION 11 The name at birth of the deponent 12 Other name(s) used by the depon	t's mother	
OTHER INFORMATION 11 The name at birth of the deponent 12 Other name(s) used by the deponent 13 Indicate the nature and date of the	t's mothere application accompanying this statement.	
OTHER INFORMATION 11 The name at birth of the deponent 12 Other name(s) used by the deponent 13 Indicate the nature and date of the	t's mothere application accompanying this statement.	
OTHER INFORMATION 11 The name at birth of the deponent 12 Other name(s) used by the deponent 13 Indicate the nature and date of the	t's mothereapplication accompanying this statement.	
OTHER INFORMATION 11 The name at birth of the deponent 12 Other name(s) used by the deponent 13 Indicate the nature and date of the 14 If this statement accompanies and Y Y Y Y M M D D	t's mothereapplication accompanying this statement. application for revision of support, indicate the date of the judgment aw and the file No., if different:	
OTHER INFORMATION 11 The name at birth of the deponent 12 Other name(s) used by the deponent 13 Indicate the nature and date of the 14 If this statement accompanies and Y Y Y Y M M D D	t's motherenteapplication accompanying this statement. application for revision of support, indicate the date of the judgment aw and the file No., if different:	
OTHER INFORMATION 11 The name at birth of the deponent 12 Other name(s) used by the deponent 13 Indicate the nature and date of the 14 If this statement accompanies an and the statement accompanies are statement accompanies and the statement accompanies and the statement accompanies are statement accompanies accompanies are statement accompanies are statement accompanies accompanies are statement accompanies accompa	t's motherente application accompanying this statement. application for revision of support, indicate the date of the judgment aw and the file No., if different:	arding support
OTHER INFORMATION 11 The name at birth of the deponent 12 Other name(s) used by the depon 13 Indicate the nature and date of the 14 If this statement accompanies and 17 Y Y Y M M D D INFORMATION (IF KNOWN) CONCER 15 Residential address 16 Telephone at home	t's motherent	arding support
OTHER INFORMATION 11 The name at birth of the deponent 12 Other name(s) used by the deponent 13 Indicate the nature and date of the 14 If this statement accompanies and 17 Y Y Y M M D D INFORMATION (IF KNOWN) CONCER 15 Residential address 16 Telephone at home 17 Date of birth 18 Y Y Y Y M M D D	t's motherent	arding support
OTHER INFORMATION 11 The name at birth of the deponent 12 Other name(s) used by the deponent 13 Indicate the nature and date of the 14 If this statement accompanies an a Y Y Y Y M M D D INFORMATION (IF KNOWN) CONCER 15 Residential address 16 Telephone at home 17 Date of birth Y Y Y Y N STATEMENT	t's motherente application accompanying this statement. application for revision of support, indicate the date of the judgment aw and the file No., if different:	arding support
OTHER INFORMATION 11 The name at birth of the deponent 12 Other name(s) used by the deponent 13 Indicate the nature and date of the 14 If this statement accompanies and 15 Y Y Y Y M M D D INFORMATION (IF KNOWN) CONCER 15 Residential address 16 Telephone at home 17 Date of birth Y Y Y Y N STATEMENT I declare that the information concerns	t's motherent	arding support