

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 _____
Y Y Y Y M M D D

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. (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 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:
Y Y Y Y M M D D

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 _____
Y Y Y Y M M D D

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