ONTARIO

| | Court File Number | |
|--|--|--|
| (Name of Court) | | |
| at | Form 14A: Affidavit (general) dated | |
| Court office address | | |
| Applicant(s) | | |
| Full legal name & address for service — street & number, municipality, postal code, telephone & fax numbers and e-mail address (if any). | Lawyer's name & address — street & number, municipality, postal code, telephone & fax numbers and e-mail address (if any). | |
| | | |
| Respondent(s) | | |
| Full legal name & address for service — street & number, municipality, postal code, telephone & fax numbers and e-mail address (if any). | Lawyer's name & address — street & number, municipality, postal code, telephone & fax numbers and e-mail address (if any). | |
| | | |
| | | |
| My name is (full legal name) | | |
| I live in (municipality & province) | | |
| and I arreau/affirms that the faller ring is true. | | |

and I swear/affirm that the following is true:

Set out the statements of fact in consecutively numbered paragraphs. Where possible, each numbered paragraph should consist of one complete sentence and be limited to a particular statement of fact. If you learned a fact from someone else, you must give that person's name and state that you believe that fact to be true.

1.

| Form 14A: Affidavit (general) dated | (page 2) | Court File Number |
|---|----------|-------------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Put a line through any blank space left on this page. | | |
| | | |
| Sworn/Affirmed before me at | | |

| Sworn/Affirmed before me | at municipality | |
|--------------------------|--|--|
| in | province, state, or country | |
| on | Commissioner for taking affidavits (Type or print name below if signature is illegible.) | Signature (This form is to be signed in front of a lawyer, justice of the peace, notary public or commissioner for taking affidavits.) |

Save Form

Print Form

Clear Form