Form FD 1

| 20 | No. |
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Supreme Court of Nova Scotia (Family Division)

| ant/Petitioner |
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| |
| Respondent |
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|] |

Please complete all sections regarding your case. Please print in ink. You may discuss the shaded sections for contact information and service directions with a court officer before completing these sections.

| Section A | Information about you. (APPLICANT) | Information about the person against whom you are making this application. (RESPONDENT) | |
|-----------|------------------------------------|---|--|
| Name | Last Name: | Last Name: | |
| | First Name: | First Name: | |
| | Middle Name: | Middle Name: | |
| | Previous Names: | Previous Names: | |
| | Other Names, Alias, etc: | Other Names, Alias, etc: | |
| | | | |
| Prefix | □ Mr. □ Ms. □ Other | ☐ Mr. ☐ Ms. ☐ Other | |
| Gender | ☐ Male ☐ Female ☐ Other | ☐ Male ☐ Female ☐ Other | |

| Birth Date | Day | Month | Year | Day | Month | Year |
|------------------|------------------------------------|------------------|--------------|------------------------------------|---------------|---------------|
| Telephone | Home: | | | Home: | | |
| Email | Business: | | | Business : | | |
| Fax | Message: | | | Message: | | |
| | Other: | | | Other: | | |
| | Email: | | | Email: | | |
| | Fax: | | | Fax: | | |
| Address | P.O. Box: | | | P.O. Box: | | |
| | Apt. No.: | | | Apt. No.: | | |
| | Street: City/Town: Province: | | | Street: City/Town: Province: | | |
| | Postal Code: | | | Postal Code: | | |
| | Special Directions | s to Accommo | date Service | Special Direction | ns to Accomm | odate Service |
| | of Documents: | | | of Documents: | | |
| Legal Counsel | □ Yes □ No | ☐ Maybe | | □ Yes □ No | ☐ Maybe | |
| | If yes: | | | If yes: | | |
| | Lawyer's Name: | | | Lawyer's Name | • | |
| | Firm Name: | | | Firm Name | | |
| | Address: | | | Address: | | |
| | Phone: | | | Phone: | | |
| | Email: | | | Email: | | |
| | Fax: | | | Fax: | | |
| | | | | 2 4324 | | |
| Current | ☐ Married | | | ☐ Married | | |
| Marital | ☐ Divorced | | | ☐ Divorced | | |
| Status | | | | | | |
| | ☐ Separated | 1 1 | | ☐ Separated | 1 1 | ti 1. i |
| | ☐ Spousal or Com | mon law relation | onsnip | ☐ Spousal or Co | mmon law rela | uonsnip |
| | ☐ Single | | | ☐ Single | | |

| □ Commission/Bonuses/Overtime □ Commission/Bonuses/Overtime □ Self-employed □ Self-employed □ Income from a Partnership/Corporation □ Income from a Partnership/Corp oration □ Employment Insurance □ Employment Insurance □ Social Assistance/Family Benefits □ Social Assistance/Family Benefits □ Worker's Compensation □ Worker's Compensation | T | | |
|--|------------|---|--|
| □ Self-employed □ Self-employed □ Income from a Partnership/Corporation □ Income from a Partnership/Corp oration □ Employment Insurance □ Employment Insurance □ Social Assistance/Family Benefits □ Social Assistance/Family Benefits □ Worker's Compensation □ Worker's Compensation | Income | ☐ Employment Income (salary/wages) | ☐ Employment Income (salary/wages) |
| ☐ Income from a Partnership/Corporation ☐ Employment Insurance ☐ Social Assistance/Family Benefits ☐ Worker's Compensation ☐ Income from a Partnership/Corp oration ☐ Employment Insurance ☐ Social Assistance/Family Benefits ☐ Worker's Compensation | | ☐ Commission/Bonuses/Overtime | ☐ Commission/Bonuses/Overtime |
| □ Employment Insurance □ Employment Insurance □ Social Assistance/Family Benefits □ Social Assistance/Family Benefits □ Worker's Compensation □ Worker's Compensation | | ☐ Self-employed | ☐ Self-employed |
| ☐ Social Assistance/Family Benefits ☐ Worker's Compensation ☐ Worker's Compensation ☐ Worker's Compensation | | ☐ Income from a Partnership/Corporation | ☐ Income from a Partnership/Corp oration |
| ☐ Worker's Compensation ☐ Worker's Compensation | | ☐ Employment Insurance | ☐ Employment Insurance |
| | | ☐ Social Assistance/Family Benefits | ☐ Social Assistance/Family Benefits |
| Dansian Income | | ☐ Worker's Compensation | ☐ Worker's Compensation |
| ☐ Fension meome | | ☐ Pension Income | ☐ Pension Income |
| ☐ Income from a Trust ☐ Income from a Trust | | ☐ Income from a Trust | ☐ Income from a Trust |
| ☐ Other ☐ Other | | ☐ Other | ☐ Other |
| Explain: Explain: | | Explain: | Explain: |
| Occupation Occupation: Occupation: | Occupation | Occupation: | Occupation: |
| | - | | - |
| Employer Information Employer Information | | Employer Information | Employer Information |
| Name: Name: | | Name: | Name: |
| | | | |
| Address: Address: | | Address: | Address: |
| | | | |
| Phone Number: Phone Number: | | Phone Number | Phone Number |
| Thome Ivalities. | | Thone Tumber. | Thone (value). |
| Email: Email: | | Email: | Email: |
| Fax: | | Fax: | Fax: |
| ☐ Other Places of Employment ☐ Other Places of Employment | | ☐ Other Places of Employment | ☐ Other Places of Employment |
| | |] | - · |

| Section B | Relationship Between Applicant and Respondent | | | |
|------------------------|---|--------------------|---------------------------|------------------------|
| ☐ Married | | | | |
| Date of Marriage: | Date of Marriage: | | | |
| Date of Separation: | | | | |
| ☐ Spousal or Common La | aw | | | |
| • | mon law relationship began: | | | |
| _ | | | | |
| Date of Separation: | | | ••••• | |
| | | | | |
| ☐ Divorced | , | | | |
| Date of Divorce Judg | gment: | | ••••• | |
| ☐ Single | □ Single | | | |
| | %i1.4 | | | |
| ☐ Other | ☐ Parent of Applicant's Child | | | |
| | | | | |
| Explain: | | | | |
| L | | | | |
| | | | | |
| Section C | List below the full names an subject of this Application. | d dates of birth o | f all childre | n who are the |
| Last Name | Given Names (underline name used) | Date of Birth | Gender (M/F/ Other) | Presently Living With: |
| | | | | |
| | | | | |

| Section D | Most Recent Court Order or Written Agreement |
|------------------------|---|
| Most Recent Court O | rder (if any): |
| Date Issued: | |
| Court: | |
| File Number: | |
| Most Recent Written | Agreement (if any): |
| | |
| Other Court Proceedi | ngs (if any): |
| Туре: | |
| Court: | |
| File number: | |
| | |
| Section E | Accessibility requests |
| Do you have any lan | guage, communication, or health needs that require accommodation? |
| Yes □ No [| _ |
| If yes, please explain | 1: |
| | |
| | |
| Signed on | By: |
| | |
| | Print Name: |