

**Form FD 1**

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No.

**Supreme Court of Nova Scotia  
(Family Division)**

Between:

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Applicant/Petitioner

and

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Respondent**Statement of Contact Information and Circumstances**

of \_\_\_\_\_ prepared on \_\_\_\_\_

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:  First Name:  Middle Name:  Previous Names:  Other Names, Alias, etc:	Last Name:  First Name:  Middle Name:  Previous Names:  Other Names, Alias, etc:
Prefix	<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Other	<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Other
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other

Birth Date	<div>Day</div> <div>Month</div> <div>Year</div>	<div>Day</div> <div>Month</div> <div>Year</div>
<b>Telephone</b> <b>Email</b> <b>Fax</b>	<b>Home:</b> <b>Business:</b> <b>Message:</b> <b>Other:</b> <b>Email:</b> <b>Fax:</b>	<b>Home:</b> <b>Business:</b> <b>Message:</b> <b>Other:</b> <b>Email:</b> <b>Fax:</b>
<b>Address</b>	<b>P.O. Box:</b> <b>Apt. No.:</b>  <b>Street:</b> <b>City/Town:</b> <b>Province:</b> <b>Postal Code:</b> <b>Special Directions to Accommodate Service of Documents:</b>	<b>P.O. Box:</b> <b>Apt. No.:</b>  <b>Street:</b> <b>City/Town:</b> <b>Province:</b> <b>Postal Code:</b> <b>Special Directions to Accommodate Service of Documents:</b>
<b>Legal Counsel</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe  <b>If yes:</b> <b>Lawyer's Name:</b> <b>Firm Name:</b> <b>Address:</b>  <b>Phone:</b> <b>Email:</b> <b>Fax:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe  <b>If yes:</b> <b>Lawyer's Name:</b> <b>Firm Name:</b> <b>Address:</b>  <b>Phone:</b> <b>Email:</b> <b>Fax:</b>
<b>Current Marital Status</b>	<input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Spousal or Common law relationship <input type="checkbox"/> Single	<input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Spousal or Common law relationship <input type="checkbox"/> Single

<b>Income</b>	<input type="checkbox"/> Employment Income (salary/wages) <input type="checkbox"/> Commission/Bonuses/Overtime <input type="checkbox"/> Self-employed <input type="checkbox"/> Income from a Partnership/Corporation <input type="checkbox"/> Employment Insurance <input type="checkbox"/> Social Assistance/Family Benefits <input type="checkbox"/> Worker's Compensation <input type="checkbox"/> Pension Income <input type="checkbox"/> Income from a Trust <input type="checkbox"/> Other Explain:	<input type="checkbox"/> Employment Income (salary/wages) <input type="checkbox"/> Commission/Bonuses/Overtime <input type="checkbox"/> Self-employed <input type="checkbox"/> Income from a Partnership/Corporation <input type="checkbox"/> Employment Insurance <input type="checkbox"/> Social Assistance/Family Benefits <input type="checkbox"/> Worker's Compensation <input type="checkbox"/> Pension Income <input type="checkbox"/> Income from a Trust <input type="checkbox"/> Other Explain:
<b>Occupation</b>	Occupation:  <b>Employer Information</b> Name:  Address:   Phone Number:  Email: Fax: <input type="checkbox"/> Other Places of Employment	Occupation:  <b>Employer Information</b> Name:  Address:   Phone Number:  Email: Fax: <input type="checkbox"/> Other Places of Employment

Section B	Relationship Between Applicant and Respondent
<input type="checkbox"/> Married Date of Marriage: _____  Date of Separation: _____	
<input type="checkbox"/> Spousal or Common Law Date spousal or common law relationship began: .....  Date of Separation:.....	
<input type="checkbox"/> Divorced Date of Divorce Judgment: .....	
<input type="checkbox"/> Single <input type="checkbox"/> Parent of Applicant's Child <input type="checkbox"/> Other Explain: .....	

Section C		List below the full names and dates of birth of all children who are the subject of this Application.		
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
<p>Most Recent Court Order (if any):</p> <p>Date Issued:.....</p> <p>Court: .....</p> <p>File Number: .....</p> <p>Most Recent Written Agreement (if any):</p> <p>Other Court Proceedings (if any):</p> <p>Type: .....</p> <p>Court: .....</p> <p>File number: .....</p>	

Section E	Accessibility requests
<p>Do you have any language, communication, or health needs that require accommodation?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, please explain: _____</p> <p>_____</p> <p>_____</p>	

Signed on \_\_\_\_\_

By: \_\_\_\_\_

Print Name: \_\_\_\_\_