

AFFIDAVIT

This affidavit is made for the purpose of providing further information or documents pursuant to the applicable Interjurisdictional Support Orders (ISO) Act* or the Divorce Act.

Court File #:
Court Location:
Designated Authority #:

BETWEEN (as it appears on the application)

(First Name) (Middle Name) (Last Name)

And

(First Name) (Middle Name) (Last Name)

I, _____, residing in the Municipality/City/Town of _____
in the Province/Territory of _____, swear/affirm and say the following:

- as additional evidence in support of my Support Application/Support Variation Application;
- in response to a request for further information or documents from the reciprocating jurisdiction in this matter;
- as additional evidence in support of my Response to the Support Application/Support Variation Application

(Set out the statements of fact in consecutively numbered paragraphs. Each numbered paragraph should consist of one complete sentence and be limited to one statement of fact. Each Exhibit must be identified with consecutive letters. Cross out or delete any pre-printed lines on the form that are not being used.)

1.

Attached hereto and marked as Exhibit "A" to this Affidavit is: _____

2.

Attached hereto and marked as Exhibit "B" to this Affidavit is: _____

3.

Attached hereto and marked as Exhibit "C" to this Affidavit is: _____

Additional page(s) attached (Paragraphs must continue to be numbered. Any additional pages must be inserted before the page that contains the *Jurat*.)

This page must always be the last page of the Affidavit. As paragraphs must continue to be numbered, the paragraph number below must be changed manually if you have checked the box at the bottom of page 1 and attached additional pages. Number your pages accordingly.

4. I make this affidavit in good faith.

JURAT

I, _____ swear/affirm that the information and facts contained in this affidavit, including the attached exhibits, are true.

SWORN/AFFIRMED BEFORE ME

At the Municipality/City/Town of _____

In the Province/Territory of _____

On _____, 20_____.

Notary Public or other authorized individual

Signature

Print Name and Title of the authority under which this oath was administered.
(For example, Commissioner of Oaths. Use Stamp or Seal, if applicable.)

* Interjurisdictional Support Orders Act, S.A. 2002, c. I-3.5. (AB); Interjurisdictional Support Orders Act, S.B.C. 2002, c. 29 (BC); Inter-jurisdictional Support Orders Act, S.S. 2002, c. I-10.03(SK);The Inter-jurisdictional Support Orders Act, C.C.S.M., c. 160 (MB);Inter-jurisdictional Support Orders Act, 2002, S.O. 2002, c. 13 (ON);Inter-jurisdictional Support Orders Act, S.N.B. 2002, c. I-12.05 (NB);Interjurisdictional Support Orders Act, S.N.S. 2002, c. 9 (NS);Interjurisdictional Support Orders Act, R.S.P.E.I. 1988, c. I-4.2 (PEI); Interjurisdictional Support Orders Act, S.N.L. 2002, c. I-19.2 (NL);Interjurisdictional Support Orders Act, S.N.W.T. 2002, c. 19 (NT);Interjurisdictional Support Orders Act, S.Y. 2001, c. 19 (Yukon); Interjurisdictional Support Orders Act, S.Nu. 2008,c.17,s.46 and S.Nu. 2008,c.19,s.2. (NU)