

Contact Information and Statement of Circumstances

INSTRUCTIONS: Save this form to your computer. Open the form in Adobe PDF Reader ([Click here to download this free application if required](#)).

Please complete all sections to the best of your knowledge. When completed, use the submit button at the bottom of the form to send the information to our office via email.

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: Other/Previous Names:	Last Name: First Name: Middle Name: Other/Previous Names:
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Birth Date	Day ____ Month ____ Year ____	Day ____ Month ____ Year ____
Telephone Email Fax	Home Business Message Other Email Fax	Home Business Message Other Email Fax

Address	P.O. Box..... Apt. No..... Street..... City/Town..... Province..... Postal Code..... Special Directions to Accommodate Service of Documents:.....	P.O. Box..... Apt. No..... Street..... City/Town..... Province..... Postal Code..... Special Directions to Accommodate Service of Documents:.....
Legal Counsel	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe If yes: Lawyer's Name:..... Firm Name:..... Address:..... Phone:..... Email:..... Fax:.....	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe If yes: Lawyer's Name:..... Firm Name..... Address:..... Phone:..... Email:..... Fax:.....
Current Marital Status	<input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Common law relationship <input type="checkbox"/> Single	<input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Common law relationship <input type="checkbox"/> Single
Income	<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/Corp oration <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:.....
Occupation	Occupation..... Employer Information Name:..... Address:..... Phone Number:..... Email:..... Fax:..... <input type="checkbox"/> Other Places of Employment	Occupation..... Employer Information 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"/> Common Law Date 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)	Presently Living With:

Section D	Most Recent Court Order or Written Agreement
Most Recent Court Order (if any): Date Issued:..... Court: File Number:	
Most Recent Written Agreement (if any): Date:	