

Court File Number

(Name of court)

**Form 14A: Affidavit
(general) dated**

at

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 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.

Put a line through any blank space left on this page.

Sworn/Affirmed before me at	
	municipality
in	
	province, state, or country
on	
date	
	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.)