

(Name of court)

**Form 23C: Affidavit for
Uncontested Trial, 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:

- I am the applicant in this case.
- There **is/are** (number) child(ren) from our relationship, namely:

| Full Legal Name | Age | Birthdate (d, m, y) | Resident in (municipality & province) | Now living with (name of person and relationship to child) |
|-----------------|-----|------------------------|--|--|
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- I am asking for the following order:
 - decision-making responsibility for the child(ren) named above
 - parenting time with the child(ren) named above
 - contact with the child(ren) named above
 - support for (name of recipient(s))
 - a restraining order against the respondent (name)
 - (date of birth)
 - other (specify)

- The respondent and I were:
 - married on (date)
 - separated on (date)
 - started living together on (date)
 - never lived together.

DECISION-MAKING RESPONSIBILITY AND PARENTING TIME

Fill out this section if you are claiming decision-making responsibility for the child(ren) or parenting time with the child(ren).

5. An order giving me decision-making responsibility for the child(ren) is in the best interests of the child(ren) because: *(Give reasons.)*
6. An order giving me parenting time with the child(ren) is in the best interests of the child(ren) because: *(Give reasons.)*
7. An order giving the respondent parenting time with the children
is is not
in the best interests of the child(ren) because: *(Give reasons.)*
8. If an order for parenting time is made, it should be:
reasonable parenting time on reasonable notice;
reasonable parenting time on reasonable notice including but not limited to the terms below;
on the following terms:
every other weekend from _____ p.m. on Friday until _____ p.m. on
Sunday or Monday, if Monday is a statutory holiday, starting on *(date)* _____
alternate spring breaks, starting in *(year)* _____
_____ weeks during the summer vacation, to be decided by the parties before April 1 of each year.
one half of the winter break, starting on *(date)* _____ and ending
on *(date)* _____ to be shared as follows:

List any other special days such as religious festivals, Christmas Day, birthdays, Mother's Day, Father's Day, etc., and indicate with which person the children will be on each day. *(Specify dates and times.)*

other *(Specify.)*

CONTACT

Fill out this section if you are claiming contact with the child(ren).

9. An order giving me contact with the child(ren) is in the best interests of the child(ren) because: *(Give reasons.)*

10. The contact order should be:

reasonable contact on reasonable notice;

reasonable contact on reasonable notice including but not limited to the terms below;

on the following terms: *(Specify when, where, and how you want to have contact with the children, including dates and times, whether by phone or in-person, etc.)*

CHILD SUPPORT

Fill out this section if you are claiming child support.

11. I am claiming support for (number) child(ren).
12. To the best of my knowledge, the source(s) of the respondent's income **is/are**: *(Check one or more boxes as circumstances require.)*
- employment income at (employer's name and address)
-
- commissions, tips, overtime, bonuses, etc.
- self-employment as (name or nature of respondent's business)
-
- other (specify.)
13. I believe that the respondent's current annual income from all income sources is \$ for the following reasons: *(Give your reasons for believing the dollar amount set out.)*

SPOUSAL SUPPORT

Fill out this section if you are claiming support for yourself.

14. I need spousal support for the following reasons: *(Give details of your financial needs.)*

RESTRAINING ORDER

Fill out this section if you are claiming a restraining order against the respondent.

15. I need an order to restrain the respondent (full legal name of person restrained)

(date of birth of person restrained) from

a) contacting or communicating directly or indirectly with the following people (full legal name and date(s) of birth of person[s] protected by this order)

| Name | Birthdate (d,m,y) |
|------|-------------------|
| | |
| | |
| | |
| | |
| | |

except through (name of person or agency)

to arrange parenting time with the child(ren).

except to permit parenting time with the child(ren) (names and birth dates)

on (dates/days and times)

except through or in the presence of counsel.

except through or in the presence of counsel or a clinical investigator from the Office of the Children’s Lawyer, if the Children’s Lawyer is appointed to represent the child(ren).

b) coming within metres yards feet of (locations and addresses)

at any time or for any purpose

except under the following conditions: (provide details of conditions, including time(s), purpose(s) of exception(s) and address(es) as applicable)

c) (any additional terms)

I need a restraining order for the following reasons:

LACK OF SERVICE

Fill out this section if the respondent is not going to be served or has not been served.

NOTE: The Family Law Rules require all documents to be served on the opposing party. The court will make an order even without service, but only in very unusual circumstances such as:

1. An emergency situation where there is not enough time to serve documents or where serving them would put you or your child in danger or would have other serious consequences.
2. Where the court is satisfied that every effort has been made to find the other party and that it is impossible to serve him or her by any means.

16. My application/motion is not being served on the respondent for the following reasons:

OTHER ISSUES

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.)