

Court File Number

(Name of court)

**Form 26A: Affidavit of Enforcement Expenses**

at

Court office address

dated

**Recipient(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).

**Payor**

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:**

1. I am
  - Attach  
copy of  
order,  
contract or  
agreement
  - a person entitled to money under an order or a domestic contract that is enforceable in this court.
  - child's custodian or guardian entitled to money for the child's benefit under an order or a domestic contract that is enforceable in this court.
  - an assignee of a person or of a child's custodian or guardian entitled to money under an order or a domestic contract that is enforceable in this court.
  - an agent of the Director of the Family Responsibility Office.
  - (Other; specify.)

2. To enforce the order or domestic contract, I took the following steps for which I am claiming costs under the rules of the court:
  - A financial examination of the payor was carried out.
  - A writ of seizure and sale was issued, filed and enforced.
  - A notice of garnishment was issued, served, filed and enforced.
  - A writ of seizure and sale was changed by way of a statutory declaration.
  - A notice of garnishment was changed by way of a statutory declaration.
  - (Other; specify.)

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

3. The details of my claim are as follows: *(For each item of expense, give the date when it was paid and the amount. Where receipts are available, please attach them and identify them in numbered sequence.)*

ITEM OF EXPENSE	DATE	AMOUNT	Receipt No.
			1
			2
			3
			4
			5
			6
			7
			8
			9
			10
			11
			12
			13
			14
			15
			16
			17
			18
			19
			20
			21
			22
			23

*If you need more space, you may attach extra sheets and number them.*

**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.)