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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ONTARIO | | | | | | | | | | | | | |
|  |  | | | | | | | | | | |  | Court File Number |
| (Name of court) | | | | | | | | | | | Form 29J: Statement to Garnishee  Financial Institution re Support |
| at |  | | | | | | | | | | |
|  | Court office address | | | | | | | | | | |
| **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).* | | |
|  | | | | | | | | | |  | | |
| **Garnishee** | | | | | | | | | | | | | |
| *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*) | | | | | |  | | | | | | | |
| The following statements are true to the best of my knowledge: | | | | | | | | | | | | | |
| 1. | | I am |  | a recipient under a support order or the support provisions of a domestic contract that is enforceable by this court | | | | | | | | | |
|  | | |  | an assignee of a recipient under a support order or the support provisions of a domestic contract | | | | | | | | | |
|  | | |  | an agent of the Director of the Family Responsibility Office | | | | | | | | | |
| 2. | | The payor’s full name is | | | | |  |  | | | | | |
|  | | | | | | |  | unknown. | | | | | |
| 3. | | The payor commonly uses the name(s): | | | | | | |  | | | | |

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| **Form 29J :** | | | **Statement to Garnishee**  **Financial Institution re Support** | | | | | **(page 2)** | Court File Number |
|  | | |  |
|  | | | | | | | | | |
| (*Either paragraph 4 or 5 must be completed. If both known, complete both*) | | | | | | | | | |
| 4. | The payor’s date of birth is | | |  | | | | | |
| 5. | The payor’s social insurance number is | | | |  | | | | |
|  | | | | | |  |  | | |
| *Date of signature* | | | | | | *Signature* | | |
| **NOTE:** | | *Under rule 29(6.1) of the Family Law Rules, this form (29J) must be attached to Forms 29A, 29B, 29D, 29E, 29G, 29H or 29I when they are served on a bank or other financial institution at a central location. Under regulations made under the federal Bank Act, Cooperative Credit Associations Act and Trust and Loan Companies Act, a notice of garnishment for support payments against a bank or other federally regulated financial institution must be served on a central location established and published by each bank or financial institution.* | | | | | | | |