

CANADA  
Province de Québec  
District of  
File No.

SCHEDULE I (s. 1)  
**SWORN STATEMENT UNDER ARTICLE 827.5  
OF THE CODE OF CIVIL PROCEDURE**

Please complete in block letters

**IDENTITY**  Applicant  Defendant

**1** Surname(s) \_\_\_\_\_ Given name(s) \_\_\_\_\_  
**2** Surname at birth \_\_\_\_\_  
**3** Sex  M  F **4** Language  French  English  
**5** Residential address \_\_\_\_\_  
Postal Code \_\_\_\_\_ Province \_\_\_\_\_ Country \_\_\_\_\_  
Telephone at home \_\_\_\_\_ At work \_\_\_\_\_  
Postal address (if different) \_\_\_\_\_  
Postal Code \_\_\_\_\_ Province \_\_\_\_\_ Country \_\_\_\_\_  
**6** Date of birth \_\_\_\_\_ Social insurance number \_\_\_\_\_  
Y Y Y Y M M D D

**II INFORMATION ON EMPLOYMENT AND INCOME**

**7**  Employee  Self-employed worker  
Name and address of employer \_\_\_\_\_  
Postal Code \_\_\_\_\_ Province \_\_\_\_\_ Country \_\_\_\_\_  
Remuneration \_\_\_\_\_ Language of communication  French  English  
**8**  The deponent is unemployed  
**9**  The deponent receives income security benefits File No. (CP 12) \_\_\_\_\_  
**10** Other income (**Indicate the source and amount of each**) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**OTHER INFORMATION**

**11** The name at birth of the deponent's mother \_\_\_\_\_  
**12** Other name(s) used by the deponent \_\_\_\_\_  
**13** Indicate the nature and date of the application to which this statement is attached  
\_\_\_\_\_  
**14** If this statement accompanies an application for revision of support, indicate the date of the judgment awarding support  
\_\_\_\_\_ and the file No., if different \_\_\_\_\_  
Y Y Y Y M M D D

**III INFORMATION (IF IT IS KNOWN) CONCERNING THE OTHER PARTY**

**15** Residential address \_\_\_\_\_  
**16** Telephone at home \_\_\_\_\_ At work \_\_\_\_\_  
**17** Date of birth \_\_\_\_\_ Social insurance number \_\_\_\_\_  
Y Y Y Y M M D D

**SWORN STATEMENT**

I declare that the information given is true and complete, and I have signed  
At \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_

\_\_\_\_\_  
Deponent

Sworn before me at \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_

\_\_\_\_\_  
Person authorized to administer oath

**SWORN STATEMENT UNDER ARTICLE 827.5 OF THE  
CODE OF CIVIL PROCEDURE OF QUÉBEC**

**Writing instructions for the deponent**

The **Act to facilitate the payment of support** prescribes that every application relating to an obligation of support must be accompanied with this statement, completed by each party thereto, concerning his own situation. The information required therein is determined by regulation.

You are responsible for completing the statement in full, for signing it and for making a sworn statement on its contents.

**The Act stipulates that such statements are confidential** and they shall be kept by the clerk of the court until the judgment is rendered. If the court does not award support, the statements shall be **obligatorily destroyed** by the clerk.

If support is awarded by judgment, the information shall be entered in the register of support payments kept by the clerk.

**District of**

Indicate the name of the judicial district where is submitted the application relating to an obligation of support.

**File No.**

Indicate the file number of the application relating to an obligation of support.

**Identity**

Check the square corresponding to your designation on the application relating to an obligation of support.

**1 Surname, Given name**

Give surname(s) and given name(s) in full.

**2 Surname at birth**

Please indicate even if identical to item 1.

**3 Sex**

Check the appropriate case.

**4 Language**

Check the appropriate case.

**5 Residential address**

Indicate in full your usual residential address.

**6 Date of birth and SIN**

Indicate the year, month and day of your birth and your social insurance number.

**7 Employee/self-employed worker**

Check the square corresponding to your main employment. Give name of employer and every other information required. As regards remuneration, indicate salary and frequency of payments. If unemployed, check number 8.

**8 Unemployed**

Check if applicable.

**9 Income security benefits**

Check if you are receiving employment-assistance benefits. Where applicable, indicate also your file number with the Ministère de l'Emploi et de la Solidarité sociale (CP12).

**10 Other income**

Indicate every other source of income of any kind whatever (annuities, rents, dividends, other employment, etc.). If required, use a separate sheet.

**11 The name at birth of the deponent mother**

Indicate your mother's surname at birth.

**12 Other name(s) used by the deponent**

Indicate name and/or given name by which you are known if different than those given at items 1 and 2.

**13 Nature and date**

Indicate the nature of the application (e.g.: application for transitory measures) to which your statement is attached and the date of such application.

**14 Application for revision**

If the statement is attached to an application for revision of support already determined by judgment, indicate the date of that judgment and if different, the file number in which the judgment was rendered.

**15 to 17** Give every information required

**Sworn statement**

Indicate the place and date and sign on the line "deponent". The statement must be sworn before any person authorized to administer oath, in particular the clerk of the court.