

# Form F16A.04B: Affidavit (FOAEAA) – Enforce Support Provision (Ex parte)



In the Supreme Court of Newfoundland and Labrador (General/Family)

<b>FOR COURT USE ONLY</b>	
COURT FILE NO:	_____
CENTRAL DIVORCE REGISTRY NO:	_____
Filed at _____, Newfoundland and Labrador, this _____ day of _____, 20_____.	
_____ Registry Clerk of the Supreme Court of Newfoundland and Labrador	

BETWEEN: \_\_\_\_\_ APPLICANT  
(Print full name)

AND: \_\_\_\_\_ RESPONDENT  
(Print full name)

AND: \_\_\_\_\_  NOT APPLICABLE  
(Print full name)  SECOND APPLICANT  
 SECOND RESPONDENT

This affidavit is made in support of an application by a person under section 7 of the *Family Orders and Agreements Enforcement Assistance Act*, R.C.S., 1985, c.4 (2nd Supp.) to assist with the enforcement of a support provision.

I, \_\_\_\_\_, of \_\_\_\_\_  
(Print your name) (City and Province)

swear or affirm that:

- I make this affidavit in support of an application under section 7 of the *Family Orders and Agreements Enforcement Assistance Act*, R.S.C. 1985, c.4 (2<sup>nd</sup> Supp.) (the "FOAEAA") to request that the court make an order under section 10 of that Act to authorize an official of the court to apply for the release of information under section 12 of that Act for the above-mentioned purpose.

- 2. The application under section 7 of the FOAEAA is made for the following reasons (note, section 9 of the FOAEAA requires there to be an alleged breach of the support provision. You must set out particulars of the breach and identify the person in arrears):

a.	_____
	_____
b.	_____
	_____
c.	_____
	_____

- 3. The information to be requested under section 12 the FOAEAA relates to

\_\_\_\_\_.

*(Name of the person to whom the requested information relates)*

- 4. Reasonable steps have been taken to locate \_\_\_\_\_.
- (Name of the person to whom the requested information relates)*

Those steps are:

a.	_____
	_____
b.	_____
	_____
c.	_____
	_____

- 5. \_\_\_\_\_ has not been located.
- (Name of the person to whom the requested information relates)*

**Paragraphs 6 to 9 must be completed where the Application is being filed by an individual. If applicable, provide details and supporting documentation for paragraphs 7 to 9.**

- 6. The sole purpose of the application under section 7 of the FOAEAA is to obtain information to enforce a support provision.

- 7. I (am / am not) subject to:

any court order, agreement, undertaking or recognizance or any other document of a similar nature restricting communication or contact with

\_\_\_\_\_ ; and

*(Name of the person or children to whom the requested information relates)*

any proceeding restricting communication or contact with

\_\_\_\_\_.

*(Name of the person or children to whom the requested information relates)*

8. I (have / have not) caused or attempted to cause physical harm to

\_\_\_\_\_

*(Name of the person or children to whom the requested information relates)*

or have caused them to fear for their or someone else’s safety or security.

9. I (was / was not) charged with or found guilty of an offence against

\_\_\_\_\_

*(Name of the person or children to whom the requested information relates)*

10. The information to be requested under section 12 of the FOAEAA is necessary to enforce a support provision.

11. The information that is being requested for release under section 5(2) of the *Release of Information for Family Orders and Agreements Enforcement Assistance Regulations* (Canada) is as follows

- The address of the person named in this application
- The name and address of the employer of the person named in this application

The information related to the person named in this application for preceding taxation year:

- The information set out in the person’s Income Tax and Benefit Return (T1), other than their Social Insurance Number and information set out only in the schedules
- The information set out in the person’s Notice of Assessment and Notice of Reassessment, other than their Social Insurance Number
- The name and address of each person and entity from which they received income and the amount of income received from each

12. The information will only be used for the purpose identified in this affidavit.

13. I make this affidavit in good faith.

SWORN TO or AFFIRMED at \_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Signature of Person Authorized to Administer Oaths*