ONTARIO

Court File Number

(Name of court)

at *Court office address*

Form 26A: Affidavit of Enforcement Expenses

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.

Court File Number

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.)