

# How to Make a Joint Originating Application

Instructions for Co-Applicants

You may use a **Joint Originating Application (Form F4.04A)** if you and the other person(s) consent to your family law issues and want to apply for a family law order together.

If you and the other person(s) disagree on any family law issues, you cannot use this form. Instead, you must do an **Originating Application (Form F4.03A)**.

## Completing Your Joint Originating Application

You can fill out this form by hand or you can download and fill out this form electronically at [www.court.nl.ca/supreme/family/forms.html](http://www.court.nl.ca/supreme/family/forms.html) (If you fill out the form electronically, you must still print the form and file it with the Court).

You must fill out all of the pages in this Joint Originating Application and attach an agreement or a **Consent Order (Form F34.02A and/or F34.02B)**. If you need more space to fill out any section of this Joint Originating Application, attach an extra page and indicate which section is continued on the extra page.

## Filing Your Joint Originating Application

You must make **2 extra copies** of your completed and signed Joint Originating Application (including any attachments). File your original Joint Originating Application with the Court. To file your Joint Originating Application, you can either bring it to a Supreme Court location near you or you can mail it to a Supreme Court location near you.

## Serving Your Joint Originating Application

Since all of the Co-Applicants have signed the filed Joint Originating Application, you do NOT need to serve the Joint Originating Application on the other Co-Applicant(s). However, you should still make sure all the Co-Applicants have a copy of the Joint Originating Application and all attachments.

## More Information

Questions? Go to [www.court.nl.ca/supreme/family](http://www.court.nl.ca/supreme/family) or contact a Court near you:

Corner Brook: (709) 637-2227

Grand Falls-Windsor: (709) 292-4260

Gander: (709) 256-1115

Happy Valley-Goose Bay: (709) 896-7892

Grand Bank: (709) 832-1720

St. John's: (709) 729-2258

**--- It is highly recommended that you get advice from a lawyer ---**

If you need help finding or getting a lawyer, you can contact:

Public Legal Information Association of NL (PLIAN): [www.publiclegalinfo.com](http://www.publiclegalinfo.com) or 1 (888) 660-7788

Legal Aid: [www.legalaid.nl.ca](http://www.legalaid.nl.ca) or 1(800) 563-9911

# Form F4.04A: Joint Originating Application (Family Law)



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

**FOR COURT USE ONLY**

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: \_\_\_\_\_ CO-APPLICANT  
(Print full name)

AND: \_\_\_\_\_ CO-APPLICANT  
(Print full name)

AND: \_\_\_\_\_  NOT APPLICABLE  
(Print full name)  CO-APPLICANT

You must start your application at the Court location that is closest to you or closest to the other party. However, if your family law matter involves parenting or child support, you must start your application at the Court location that is closest to where your children live. Check off where your application is required to be heard and note the location where you must file your documents:

If your application is required to be heard in...	...then you must file your documents in...
<input type="checkbox"/> Clarenville (Grand Bank Circuit)	Grand Bank Supreme Court
<input type="checkbox"/> Corner Brook	Corner Brook Supreme (Family Division)
<input type="checkbox"/> Gander	Gander Supreme Court
<input type="checkbox"/> Grand Bank	Grand Bank Supreme Court
<input type="checkbox"/> Grand Falls – Windsor	Grand Falls – Windsor Supreme Court
<input type="checkbox"/> Happy Valley – Goose Bay	Happy Valley – Goose Bay Supreme Court
<input type="checkbox"/> Port aux Basques (Corner Brook Circuit)	Corner Brook Supreme Court (Family Division)
<input type="checkbox"/> Rocky Harbour (Corner Brook Circuit)	Corner Brook Supreme Court (Family Division)
<input type="checkbox"/> St. Anthony (Corner Brook Circuit)	Corner Brook Supreme Court (Family Division)
<input type="checkbox"/> St. John's	St. John's Supreme Court (Family Division)
<input type="checkbox"/> Stephenville (Corner Brook Circuit)	Corner Brook Supreme Court (Family Division)
<input type="checkbox"/> Wabush (Happy Valley – Goose Bay Circuit)	Happy Valley – Goose Bay Supreme Court

Check the type of order(s) that you are seeking:

You must fill out and file the Schedule(s) and any additional documents that relate to your claim(s).

Type of Order	Fill Out Schedule	Attachment(s)
<input type="checkbox"/> Divorce	1	Original marriage certificate
<input type="checkbox"/> Parenting (Decision-making and parenting time)	2	Consent Order or agreement
<input type="checkbox"/> Contact Order / Third Party Time with Child*	3	-
<input type="checkbox"/> Child Support	4	Consent Order or agreement
<input type="checkbox"/> Spousal ( <i>married</i> ) Support or Partner ( <i>unmarried</i> ) Support	5	Consent Order or agreement
<input type="checkbox"/> Parental Support ( <i>for parents</i> ) or Dependant Support ( <i>for spouse or child of deceased person</i> )	5	Consent Order or agreement
<input type="checkbox"/> Division of Matrimonial ( <i>married</i> ) Property, Common Law ( <i>unmarried</i> ) Property, or Property under the <i>FHRMIR Act</i>	6	Consent Order or agreement
<input type="checkbox"/> Other: _____	7	Consent Order or agreement

**\*Under the Divorce Act, a judge's permission is required to make an application for a Contact Order. Once received, your application will first be considered by a judge to determine if it may proceed.**

Fill in the information below for the first Co-Applicant:

<b>Current Last Name</b>		Last Name at Birth:
<b>First Name</b>		
<b>Middle Name(s) (if any)</b>		
<b>Gender</b>		
<b>Residential Address</b>		
	<i>Street Address</i>	<i>City Province Postal Code</i>
<b>Mailing Address</b> (if different from Residential Address)		
	<i>Street Address or PO Box</i>	<i>City Province Postal Code</i>
<b>Telephone Number (if any)</b>	Home:	Cell:
<b>Fax Number (if any)</b>		
<b>Email Address (if any)</b>	Please note that if you provide your email address, the Court may contact you by email.	
<b>Date of Birth</b>	Month:	Day: Year:
<b>Occupation(s) or Job(s)</b>		
<b>Citizen / Immigration Status</b>	<input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Foreign National	
<b>Are you a registered Indian under the <i>Indian Act</i>?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what is the name of your band?
		Do you live on a reserve?
<b>Will you need an interpreter in court?*</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, state the language and dialect:
<b>Lawyer's Name, Telephone Number, and Address (if any)</b>		

\* Please note that you must arrange to have a qualified interpreter appear in court and you will be responsible for any fees associated with this, unless a judge orders otherwise.

Fill in the information below for the second Co-Applicant:

<b>Current Last Name</b>				Last Name at Birth:
<b>First Name</b>				
<b>Middle Name(s) (if any)</b>				
<b>Gender</b>				
<b>Residential Address</b>				
	<i>Street Address</i>	<i>City</i>	<i>Province</i>	<i>Postal Code</i>
<b>Mailing Address</b> (if different from Residential Address)				
	<i>Street Address or PO Box</i>	<i>City</i>	<i>Province</i>	<i>Postal Code</i>
<b>Telephone Number (if any)</b>	Home:			Cell:
<b>Fax Number (if any)</b>				
<b>Email Address (if any)</b>	Please note that if you provide your email address, the Court may contact you by email.			
<b>Date of Birth</b>	Month:	Day:	Year:	
<b>Occupation(s) or Job(s)</b>				
<b>Citizen / Immigration Status</b>	<input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Foreign National			
<b>Are you a registered Indian under the <i>Indian Act</i>?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what is the name of your band?	
			Do you live on a reserve?	
<b>Will you need an interpreter in court?*</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, state the language and dialect:	
<b>Lawyer's Name, Telephone Number, and Address (if any)</b>				

\* Please note that you must arrange to have a qualified interpreter appear in court and you will be responsible for any fees associated with this, unless a judge orders otherwise.

Fill in the information about your relationship below:

<b>Relationship of the parties</b>				
<b>Date the parties started living together</b>	Month:	Day:	Year:	OR <input type="checkbox"/> Not applicable
<b>Date of marriage</b>	Month:	Day:	Year:	OR <input type="checkbox"/> Not applicable
<b>Place of marriage</b>				OR <input type="checkbox"/> Not applicable
<b>Prior to the marriage, the first Co-Applicant was</b>	<input type="checkbox"/> Unmarried <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed      OR <input type="checkbox"/> Not applicable			
<b>Prior to the marriage, the second Co-Applicant was</b>	<input type="checkbox"/> Unmarried <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed      OR <input type="checkbox"/> Not applicable			
<b>Date of separation</b>	Month:	Day:	Year:	OR <input type="checkbox"/> Not applicable
<b>Date of divorce</b>	Month:	Day:	Year:	OR <input type="checkbox"/> Not applicable

- Check this box if there are more than 2 Co-Applicants. Attach an extra page to provide the information of the other Co-Applicant(s) and details of your relationship with the other Co-Applicant(s).

Fill in the information for every child of your relationship (Include children under and over 19 and non-dependent children):

	Child 1	Child 2
<b>Child's Full Name</b>		
<b>Full Name of Each Parent of the Child (place each name on a separate line)</b>		
<b>Date of Birth (month/day/year)</b>		
<b>Gender</b>		
<b>Child is Currently Living With (Name)</b>		
<b>Disabilities and/or Special Needs</b>		

	Child 3	Child 4
<b>Child's Full Name</b>		
<b>Full Name of Each Parent of the Child (place each name on a separate line)</b>		
<b>Date of Birth (month/day/year)</b>		
<b>Gender</b>		
<b>Child is Currently Living With (Name)</b>		
<b>Disabilities and/or Special Needs</b>		

- Check this box if there are no children.
- Check this box if there are more than 4 children. Attach an extra page to provide the details of those children.

*Have child protection services, in this province or elsewhere, ever been involved with any of the co-applicants and/or children listed above?*

- No
- Yes.

If yes, please provide details in the box below.

*Provide the details of any **current** or **ongoing** court proceedings, court orders, and/or written agreements involving any of the co-applicants and/or children. This includes all Provincial Court matters, criminal matters, proceedings in other provinces or countries, peace bonds, emergency protection orders, restraining orders, no-contact orders, safety plans, family centered action plans, and kinship care agreements or any other agreements stemming from CSSD involvement.*

- Check this box if not applicable.

(Note: This Schedule is intended for divorce applications under the *Divorce Act*. If you are seeking a divorce under the *Civil Marriages Act*, fill out Schedule 6.)

## Schedule 1 Divorce

In order to apply for a divorce, **you must be able to satisfy all 4 of the requirements below:**

1	<input type="checkbox"/> There has been a breakdown in our marriage and there is no likelihood that we will get back together.
2	<input type="checkbox"/> I am a resident of Newfoundland and Labrador and have been a resident of Newfoundland and Labrador for at least 1 year immediately prior to this application. <span style="margin-left: 100px;">OR</span> <input type="checkbox"/> My spouse is a resident of Newfoundland and Labrador and has been a resident of Newfoundland and Labrador for at least 1 year immediately prior to this application.
3	<input type="checkbox"/> I have attached the original Certificate of Marriage (or Registration of Marriage) to this Application. <i>If you were married in Canada, you can obtain your Certificate of Marriage from the provincial Vital Statistics Agency.</i> <input type="checkbox"/> Check this box if your Certificate of Marriage is not in English or French. You must attach a translation and an Affidavit from the translator. <span style="margin-left: 100px;">OR</span> <input type="checkbox"/> I was married outside of Canada and I am unable to attach a copy of my Certificate of Marriage (or Registration of Marriage) because it is impossible or impractical to obtain. <i>You will have to make an Interim Application for a Procedural Order (using Form F16.03A) for an Order dispensing with the need to file a Certificate of Marriage.</i>
4	<input type="checkbox"/> There has been no collusion in relation to this application for a divorce.

**We are seeking a divorce because there has been a permanent breakdown in our marriage based upon separation:**

- Check this box if the parties currently live separate and apart and will have lived separate and apart for **at least 1 year prior to the determination of the divorce proceeding.**

*If the parties have been living separate and apart for less than 1 year, you may still file an Application for divorce on the ground of separation. However, you must wait until 1 year has elapsed to file an Application for Judgment for divorce.*

Check the box that applies to you and fill out any information needed:

- There are no children of the marriage OR  Reasonable arrangements have been made for the support of the children (Give details and include your annual incomes):



## Schedule 2 Parenting Order

*If you are making an application for a parenting order (decision-making and/or parenting time), or are a person looking to step into the role of parent, fill in the information below.*

**What are the current parenting arrangements for:**

Decision-making about the child(ren):

Regular parenting schedule (daily, weekly, monthly, or other):

Parenting schedule for holidays and special occasions:

Schedule for other communication (ie. phone or internet):

Other important issues in relation to parenting the child(ren):

What are your proposed parenting arrangements for:

Decision-making about the child(ren):

Regular parenting schedule (daily, weekly, monthly, or other):

Parenting schedule for holidays and special occasions:

Schedule for other communication (eg. phone, internet, etc.):

Other important issues in relation to parenting the child(ren):

## **Schedule 3**    **Contact Order/ Third Party Time with Child**

*If you are a non-parent making an application for contact or time with a child, fill in the information below:*

What is your relationship to the child (i.e. grandparent, foster parent, step-parent, other relative):

What contact/ time do you presently have or have you had with the child?:

What contact/ time with the child are you seeking?:

Are there any orders or other past or present proceedings or circumstance that may be relevant to your request for contact/ time with the child (i.e. previous convictions, involvement with child protection authorities)?:

Other information that may be relevant to the court in determining whether to grant you contact/time with the child:

# Schedule 4 Child Support

Check all of the boxes that apply:

<input type="checkbox"/> We agree to the <b>basic table amount</b> as per the <i>Child Support Guidelines</i> .				
<input type="checkbox"/> We agree on <b>special and/or extraordinary expenses</b> .				
<input type="checkbox"/> We agree to <b>an amount of child support that is different from the <i>Child Support Guidelines</i> basic table amount</b> .  What are your incomes?  <table border="1" style="margin-left: 40px; border-collapse: collapse; width: 60%;"> <tr> <td style="padding: 2px;">Co-Applicant 1's Annual Income:</td> <td style="padding: 2px;">\$</td> </tr> <tr> <td style="padding: 2px;">Co-Applicant 2's Annual Income:</td> <td style="padding: 2px;">\$</td> </tr> </table> What are your reason(s) for an amount of child support that is different from the <i>Child Support Guidelines</i> ?  <input type="checkbox"/> We agree to child support in the amount of \$ _____ per month. <input type="checkbox"/> Each of us has parenting time with the child(ren) for 40% or more of the year. <input type="checkbox"/> The child(ren) is(are) 19 years of age or older. <input type="checkbox"/> One or more of the persons who is obligated to pay support has an income that is more than \$150,000 annually. <input type="checkbox"/> One or more of us is claiming undue hardship for the following reason(s):  <div style="border: 1px solid black; height: 60px; margin-left: 40px;"></div> <input type="checkbox"/> Other:  <div style="border: 1px solid black; height: 60px; margin-left: 40px;"></div>	Co-Applicant 1's Annual Income:	\$	Co-Applicant 2's Annual Income:	\$
Co-Applicant 1's Annual Income:	\$			
Co-Applicant 2's Annual Income:	\$			
<input type="checkbox"/> We agree to <b>an amount of retroactive child support</b> .  Describe the reason(s) for retroactive child support:  <div style="border: 1px solid black; height: 100px; margin-left: 40px;"></div>				

**Schedule 5**

**Spousal, Partner, Parental, or Dependent Support**

*Check all of the boxes that apply and fill in the information required:*

We have agreed to an amount of :

- Spousal support**
- Partner support**
- Parental support**
- Dependent support**

Describe the reason(s) for support:

We have agreed to an amount of:

- Retroactive spousal support**
- Retroactive partner support**
- Retroactive parental support**
- Retroactive dependent support**

Describe the reason(s) for retroactive support:

## Schedule 6 Division of Property

Check all of the boxes that apply and fill in any information required:

We agree to an **equal division of matrimonial property**.

We agree to an **unequal division of matrimonial property**.

Describe the reason(s) for an unequal division of property:

We agree to a **division of common law property**.

Describe the property claim and the reason(s) for the property claim:

We agree to a **division of property under the *Family Homes on Reserves and Matrimonial Interests or Rights Act***.

Describe your property claim, the facts, and your reason(s) for seeking the claim:

Other:

Describe the property claim and the reason(s) for the property claim:

## **Schedule 7** Other Applications

*If you have come to an agreement on something other than the claims listed in the other Schedules, state what you are agreeing to and give reasons:*

If there are more than 2 Co-Applicants, attach an extra page with the signatures required below.

## Statement of Truth

All Co-Applicants must swear or affirm that the facts and information in this Application, the attached schedules, and the attached Consent Order(s) is the truth. You must swear or affirm and sign this Statement of Truth in front of a commissioner of oaths, notary public, justice of the peace, or lawyer. Court Registry staff are commissioners of oaths and you may sign this application at the Court when you file it.

### First Co-Applicant

<p>I declare the facts and information in this Joint Originating Application are true to the best of my knowledge and belief.</p> <p>SWORN TO or AFFIRMED at _____,                  this _____ day of _____, 20____.</p>
<p><i>Signature of First Co-Applicant</i></p>
<p><i>Commissioner of Oaths / Justice of the Peace</i></p>

### Second Co-Applicant

<p>I declare the facts and information in this Joint Originating Application are true to the best of my knowledge and belief.</p> <p>SWORN TO or AFFIRMED at _____,                  this _____ day of _____, 20____.</p>
<p><i>Signature of Second Co-Applicant</i></p>
<p><i>Commissioner of Oaths / Justice of the Peace</i></p>



## Lawyer's Certificate

If any of the Co-Applicants has a lawyer and you have applied for a divorce, your lawyer(s) must complete the Certificate(s) below. If you are not applying for divorce or none of the Co-Applicants has a lawyer, you do not need to fill out this section.

### First Co-Applicant's Lawyer

I, \_\_\_\_\_, the Lawyer for \_\_\_\_\_,  
(Print Lawyer's Name) (Print Co-Applicant's Name)

the Applicant, certify to this Court that I have complied with s.7.7 of the *Divorce Act*, which provides:

7.7 (1) Unless the circumstances of the case are of such a nature that it would clearly not be appropriate to do so, it is the duty of every legal adviser who undertakes to act on a spouse's behalf in a divorce proceeding

(a) to draw to the attention of the spouse the provisions of this Act that have as their object the reconciliation of spouses; and

(b) to discuss with the spouse the possibility of the reconciliation of the spouses and to inform the spouse of the marriage counselling or guidance facilities known to the legal adviser that might be able to assist the spouses to achieve a reconciliation.

(2) It is also the duty of every legal adviser who undertakes to act on a person's behalf in any proceeding under this Act

(a) to encourage the person to attempt to resolve the matters that may be the subject of an order under this Act through a family dispute resolution process, unless the circumstances of the case are of such a nature that it would clearly not be appropriate to do so;

(b) to inform the person of the family justice services known to the legal adviser that might assist the person

(i) in resolving the matters that may be the subject of an order under this Act, and

(ii) in complying with any order or decision made under this Act; and

(c) to inform the person of the parties' duties under this Act.

(3) Every document that formally commences a proceeding under this Act, or that responds to such a document, that is filed with a court by a legal adviser shall contain a statement by the legal adviser certifying that they have complied with this section.

DATED at \_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
*Signature of Lawyer*

\_\_\_\_\_  
*Address of Lawyer*

**Second Co-Applicant's Lawyer**

I, \_\_\_\_\_, the Lawyer for \_\_\_\_\_,  
 (Print Lawyer's Name) (Print Co-Applicant's Name)

the Applicant, certify to this Court that I have complied with s.7.7 of the *Divorce Act*, which provides:

7.7 (1) Unless the circumstances of the case are of such a nature that it would clearly not be appropriate to do so, it is the duty of every legal adviser who undertakes to act on a spouse's behalf in a divorce proceeding

(a) to draw to the attention of the spouse the provisions of this Act that have as their object the reconciliation of spouses; and

(b) to discuss with the spouse the possibility of the reconciliation of the spouses and to inform the spouse of the marriage counselling or guidance facilities known to the legal adviser that might be able to assist the spouses to achieve a reconciliation.

(2) It is also the duty of every legal adviser who undertakes to act on a person's behalf in any proceeding under this Act

(a) to encourage the person to attempt to resolve the matters that may be the subject of an order under this Act through a family dispute resolution process, unless the circumstances of the case are of such a nature that it would clearly not be appropriate to do so;

(b) to inform the person of the family justice services known to the legal adviser that might assist the person

(i) in resolving the matters that may be the subject of an order under this Act, and

(ii) in complying with any order or decision made under this Act; and

(c) to inform the person of the parties' duties under this Act.

(3) Every document that formally commences a proceeding under this Act, or that responds to such a document, that is filed with a court by a legal adviser shall contain a statement by the legal adviser certifying that they have complied with this section.

DATED at \_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
*Signature of Lawyer*

\_\_\_\_\_  
*Address of Lawyer*