

# Form F16A.04A: Affidavit (FOAEAA) - Establish or Vary a 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: \_\_\_\_\_  
(Print full name)

NOT APPLICABLE  
 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 establishment or variation of a support provision.

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

swear or affirm that:

- I, \_\_\_\_\_, am or will be seeking to have a support provision (check the one that apply):  
 established; or  
 varied
- 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.

3. The application under section 7 of the FOAEAA is made for the following reasons:

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

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

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

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

Those steps are:

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

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

**Paragraphs 7 to 9 must be completed where the Application is being filed by an individual. If applicable, provide details and supporting documentation for paragraphs 8 to 10.**

7. The sole purpose of the application under section 7 of the FOAEAA is to obtain information to \_\_\_\_\_ a support provision.  
*(establish or vary)*

8. 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)*

9. 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.

10. 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)*

11. The information to be requested under section 12 of the FOAEAA is necessary to:

- establish a support provision; or
- vary a support provision

12. The information that is being requested for release under section 5(1) 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, other than their Social Insurance Number, that is set out in the federal tax form(s) checked below, and that is requested for the following taxation year(s) unless otherwise specified beside the specific form:

\_\_\_\_\_  
*(Specific taxation year(s) for which the information is requested)*

Federal Tax Form(s)	Year(s) requested (if different than above)
<b>Basic Information</b>	
<input type="checkbox"/> Income Tax and Benefits Return (T1)	
<input type="checkbox"/> Schedule 1 – Federal Tax	
<input type="checkbox"/> Schedule 2 – Federal Amounts Transferred from your spouse or Common-Law Partner	
<input type="checkbox"/> Schedule 3 – Capital Gains (or Losses)	
<input type="checkbox"/> Schedule 4 – Statement of Investment Income	
<input type="checkbox"/> Schedule 5 – Amounts for Spouse or Common-Law Partner and Dependants	
<input type="checkbox"/> Schedule 6 – Canada Workers Benefit	
<input type="checkbox"/> Schedule 7 – RRSP, PRPP, and SPP Unused Contributions, Transfers, and HBP or LLP Activities	
<input type="checkbox"/> Schedule 8 – Canada Pension Plan Contributions and Overpayment	
<input type="checkbox"/> Schedule 9 – Donations and Gifts	
<input type="checkbox"/> Schedule 10 – Employment Insurance (EI) and Provincial Parental Insurance Plan (PPIP) Premiums	
<input type="checkbox"/> Schedule 11 – Federal Tuition, Education, and Textbook Amounts and Canada Training Credit	
<input type="checkbox"/> Schedule 12 – Home Expense Accessibility	
<input type="checkbox"/> Schedule 13 – Employment Insurance Premiums on Self-Employment and Other Eligible Earnings	
<input type="checkbox"/> Schedule 14 – Climate Action Incentive	
<b>For non-resident and deemed residents:</b>	
<input type="checkbox"/> Schedule A – Statement of World Income (for Non-Residents and Deemed Residents of Canada)	
<input type="checkbox"/> Schedule B – Allowable Amount of Non-Refundable Tax Credits (for Non-Residents of Canada)	
<input type="checkbox"/> Schedule C – Electing Under Section 217 of the Income Tax Act (for Non-Residents of Canada)	
<input type="checkbox"/> Notice of Assessment and Notice of Reassessment	
<input type="checkbox"/> Statement of Trust Income Allocations and Designations (T3)	
<input type="checkbox"/> Statement of Remuneration Paid (T4)	
<input type="checkbox"/> Statement of Pension, Retirement, Annuity, and Other Income (T4A)	
<input type="checkbox"/> Statement of Old Age Security (T4A(OAS))	
<input type="checkbox"/> Statement of Canada Pension Plan Benefits (T4A(P))	
<input type="checkbox"/> Statement of Distributions from a Retirement Compensation Arrangement (RCA) (T4A-RCA)	
<input type="checkbox"/> Statement of Employment Insurance and Other Benefits (T4E) or Statement of Employment Insurance and Other Benefits (Quebec) (T4EQ)	
<input type="checkbox"/> Statement of Employee Profit-Sharing Plan Allocations and Payments (T4PS)	
<input type="checkbox"/> Statement of Income from a Registered Retirement Income Fund (T4RIF)	
<input type="checkbox"/> Statement of RRSP Income (T4RSP)	
<input type="checkbox"/> Statement of Investment Income (T5)	
<input type="checkbox"/> Statement of Real Estate Rentals (T776)	
<input type="checkbox"/> Statement of Employment Expenses (T777)	

<input type="checkbox"/> Government Service Contract Payments (T1204)	
<input type="checkbox"/> Statement of Farming Activities (T2042) and documents related to the AgriStability and AgriInvest programs	
<input type="checkbox"/> Statement of Fishing Activities (T2121)	
<input type="checkbox"/> Statement of Business or Professional Activities (T2125)	
<input type="checkbox"/> Declaration of Conditions of Employment (T2200)	
<input type="checkbox"/> Statement of Benefits (T5007)	
<input type="checkbox"/> Statement of Securities Transactions (T5008)	
<input type="checkbox"/> Statement of Partnership Income (T5013)	
<input type="checkbox"/> Statement of Contract Payments (T5018)	

- The information that is set out in the federal tax form(s) specified in the attached annex(es) related to the corporation(s) identified below:

\_\_\_\_\_

*(Name of the corporation)*

\_\_\_\_\_

*(Name of the corporation)*

\_\_\_\_\_

*(Name of the corporation)*

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

14. I make this affidavit in good faith.

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

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

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

# ANNEX



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

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

### Information requested concerning a person's corporation

In relation to the application of \_\_\_\_\_  
*(Full name of the party making application)*

made pursuant to section 7 of the *Family Orders and Agreements Enforcement Assistance Act*, R.S.C., 1985, c.4 (2<sup>nd</sup> Supp.) (FOAEAA) for the purpose of \_\_\_\_\_ a support provision.  
*(establishing or varying)*

The information is sought related to

\_\_\_\_\_  
*(Name of the corporation)*

that is controlled directly or indirectly within the meaning of subsection 256(5.1) of the *Income Tax Act*, RSC 1985, c.1 (5<sup>th</sup> Supp.) by

\_\_\_\_\_  
*(Name of person against whom a support provision is sought or is to be varied)*

and that are set out in the federal tax form(s) checked below and that can be found in federal information banks prescribed in section 2 of the *Release of Information for Family Orders and Agreements Enforcement Assistance Regulations*, SOR/2023-125:

- The information that is set out in the federal tax form(s) checked below is requested for the following taxation year(s) unless otherwise specified beside the specific form:

\_\_\_\_\_  
*(Specific taxation year(s) for which the information is requested)*

Federal Tax Form(s)	Year(s) requested (if different than above)
<input type="checkbox"/> T2- Corporation Income Tax Return	
<input type="checkbox"/> Schedule 1 – Net Income (loss) for Income Tax Purposes	
<input type="checkbox"/> Schedule 5 – Tax Calculation Supplementary – Corporations (this provides details of any provincial tax or credits)	
<input type="checkbox"/> Schedule 6 – Summary of Dispositions of Capital Property	
<input type="checkbox"/> Schedule 100 – Balance Sheet Information	
<input type="checkbox"/> Schedule 50 – Shareholder Information	
<input type="checkbox"/> Schedule 125 – Income Statement Information	