

Courts of Justice Act

ONTARIO SUPERIOR COURT OF JUSTICE

SHORT TITLE OF CASE

John Smith -and- Jane Smith

CASE INFORMATION STATEMENT

THIS FORM FILED BY

applicant/petitioner/plaintiff other - specify kind and party and give name
 respondent/defendant - give name

ORDER SOUGHT BY PERSON FILING THIS FORM

<u>Divorce Act</u>	<u>Family Law Act</u>	<u>Children's Law Reform Act</u>	<u>Other</u>
<input type="checkbox"/> divorce	<input type="checkbox"/> child support	<input type="checkbox"/> custody	<input type="checkbox"/> onstructive/resulting trust
<input type="checkbox"/> child support	<input type="checkbox"/> spousal support	<input type="checkbox"/> access	
<input type="checkbox"/> partition/sale			
<input checked="" type="checkbox"/> spousal support	<input type="checkbox"/> property - equalize	<input type="checkbox"/> paternity declaration	<input type="checkbox"/> annulment
<input checked="" type="checkbox"/> custody	<input type="checkbox"/> excl. possession	<input type="checkbox"/> other - specify	<input type="checkbox"/> other - specify
<input checked="" type="checkbox"/> access	<input type="checkbox"/> restraining order		
<input type="checkbox"/> other - specify	<input type="checkbox"/> other - specify		

PERSON FILING THIS FORM

married – date 9/9/1999 Separated - date 9/9/2001
 not married Separated - date
 cohabited from - date

Birth date 9/9/1969 Social Insurance Number
Employer's name, Smithco
address and 1234 Smith Lane
telephone 123456

OTHER SPOUSE

Birth date 9/9/1969 Social Insurance Number
Employer's name, Smithco
address and Smithco Lane
telephone 123456

CHILDREN	Name and birth date	Name and birth date
_____	_____	_____
_____	_____	_____
_____	_____	_____

THIS PERSON'S LAWYER (if no lawyer, give person's name, address for service, telephone and fax numbers)

Name and firm
Address
Telephone Fax Date