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| Affidavit of Service | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Form 5, *Criminal Appeal Rules*,Court of Appeal for Ontario | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Court File No. (if known) | | | | | | | | | |
|  | M | | | | | | | | | |
| Motion No. (if known/applicable) | | | | | | | | | |
| **COURT OF APPEAL FOR ONTARIO** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| BETWEEN: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **HIS MAJESTY THE KING** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (Appellant/Respondent/Applicant/Moving Party/Responding Party) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **- and-** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| (specify name) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (Appellant/Respondent/Applicant/Moving Party/Responding Party) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| AFFIDAVIT OF SERVICE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I, |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | , of the | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
|  | (full name) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | (City, Town, etc.) | | | | | | | | | | | | | | | | | | | | | | |
| of | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | , in the | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | (County, District, Regional Municipality, etc.) | | | | | | | | | | | | | | | | | | | | | | | | | | |
| of | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | , | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | , | |
|  | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | (set out deponent’s capacity) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| MAKE OATH AND SAY (or AFFIRM): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **(Personal Service)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **1.** | | | | On | | | | |  | | | | | | | | | , at | | | | | | |  | | | | | | | | | | | | | | | | | | , I served | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |
|  | | | |  | | | | | (date) | | | | | | | | |  | | | | | | | (time) | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | (identify person served) | | | | | | | | | | | | | | | | |
|  | | | | with the | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | |  | | | | | | (identify document(s) served) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | by | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | . |
|  | | | |  | | | | (leaving a copy with them at [address where service was made])  (Adapt wording in accordance with the rules if serving a young person or a corporation.) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| **2.** | | | | I was able to identify the person by means of | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | . |
|  | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | (state the means by which the person’s identity was ascertained) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| **(Service on Lawyer at Trial as an Alternative to Personal Service)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **1.** | | | | I served | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | with the | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
|  | | | |  | | | | | | | (identify person served) | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | (identify document(s) served) | | | | | | | | | | | | | | | | | | | |
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|  | | | | by | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | |  | | | (specify manner of service as permitted by the rules) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | on | | | |  | | | | | | | | | | | | | | | to | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | , |
|  | | | |  | | | | (date) | | | | | | | | | | | | | | |  | | | | | (name of lawyer at trial) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | | | | the lawyer for the | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | at trial, at | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
|  | | | |  | | | | | | | | | (identify party) | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | (complete address) | | | | | | | | | | | | | | | |
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| **2.** | | | | Prior to service, the lawyer confirmed that they had instructions to accept service. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **(Service by Mail as an Alternative to Personal Service)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **1.** | | | | On | | | | |  | | | | | | | | | | | | , I sent to | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | |  | | | | | (date) | | | | | | | | | | | |  | | | | | | | | | | | (identify person served) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | by | | | | | | | | | | | | | | | mail a copy of the | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | |  | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | (identify document(s) served) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | at | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | . |
|  | | | |  | | (complete address) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| **2.** | | | | On | | | | |  | | | | | | | | | | | | , I received the attached acknowledgment of receipt card bearing | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | |  | | | | | (date) | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | a signature that purports to be the signature of | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | . |
|  | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | (identify person) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| **(Service on Adult Member of Same Household as an Alternative to Personal Service)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **1.** | | | | I served | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | with the | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
|  | | | |  | | | | | | | (identify person served) | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | (identify document(s) served) | | | | | | | | | | | | | | | | | | | |
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|  | | | | by leaving a copy in a sealed envelope on | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | , at | |  | | | | | | , |
|  | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | (date) | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | (time) | | | | | |  |
|  | | | | with a person | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | who appeared to be an adult member | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | |  | | | | | | | | (insert name if known) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |  |
|  | | | | of the same household in which | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | is residing, at | | | | | |
|  | | | |  | | | | | | | | | | | | | | | | | | | | (identify person served) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |
|  | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | , | | |
|  | | | | (address where service was made) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
|  | | | | and by mailing another copy on | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | to | | | |  | | | | | | | | | | | | | | | | | | | | |
|  | | | |  | | | | | | | | | | | | | | | | (date) | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | (identify person served) | | | | | | | | | | | | | | | | | | | | |
|  | | | | at the same address. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **2.** | | | | I ascertained that the person was an adult member of the household by means of | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | | | (state how it was ascertained that the person was an adult member of the household) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| **3.** | | | | Before serving the documents in this way, I made an unsuccessful attempt to serve | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | |  | | | | | | | | | | | | | | | | | | | | | | personally at the same address on | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | . |
|  | | | | (identify person served) | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | (date) | | | | | | |  |
|  | | | | (*If more than one attempt has been made, add:* and again on | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | .) | | | |
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| **(Service on Lawyer of Record)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **1.** | | | | I served | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | with the | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
|  | | | |  | | | | | | | (identify person served) | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | (identify document(s) served) | | | | | | | | | | | | | | | | | | | |
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|  | | | | by | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | |  | | | (specify manner of service as permitted by the rules) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | on | | | |  | | | | | | | | | | | | | | to | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | , |
|  | | | |  | | | | (date) | | | | | | | | | | | | | |  | | | | | (name of lawyer) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | | | | the lawyer of record for the | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | , at | | | | | |  | | | | | | | | | | | |
|  | | | |  | | | | | | | | | | | | (identify party) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | (complete address) | | | | | | | | | | | |
|  | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | . | | |
| **(Service on Party Acting in Person or a Non-Party)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **1.** | | | | I served | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | with the | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
|  | | | |  | | | | | | | (identify person served) | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | (identify document(s) served) | | | | | | | | | | | | | | | | | | |
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|  | | | | by | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | |  | | | (specify manner of service as permitted by the rules) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | on | | | |  | | | | | | | | | to | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | . |
|  | | | |  | | | | (date) | | | | | | | | |  | | | | | | (complete address/last known address of person served) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| Sworn/Affirmed before me (select one): | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | in person **OR** | | | | | | | | | | | | | | | | | | | |  | | | | | | | | by video conference | | | | | | | | | | | | | |
| Complete if affidavit is being sworn or affirmed in person: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| at the | | | | |  | | | | | | | | | of |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | , in the | | | | | | | | | | | | |  | | | | | | | | | | | | |
|  | | | | | (City, Town, etc.) | | | | | | | | |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | (County, District, Regional Municipality, etc.) | | | | | | | | | | | | |
| of | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | , on | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | . | | | | |
|  | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | (date) | | | | | | | | | | | | | | | | | | | | | | |  | | | | |

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|  |  |  |
| Commissioner for Taking Affidavits (or as may be) |  | Signature of Deponent |

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| **Use one of the following if affidavit is being sworn or affirmed by video conference:** | | | | | | |
| Complete if deponent and commissioner are in same city or town: | | | | | | |
| by |  | | | at the |  | |
|  | (deponent’s name) | | |  | (City, Town, etc.) | |
| of |  | in the |  | | | |
|  |  |  | (County, District, Regional Municipality, etc.) | | | |
| of |  | , before me on | | | |  |
|  |  |  | | | | (date) |
| in accordance with [O. Reg. 431/20](https://www.ontario.ca/laws/regulation/r20431), Administering Oath or Declaration Remotely. | | | | | | |

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| Commissioner for Taking Affidavits (or as may be) |  | Signature of Deponent |

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| Complete if deponent and commissioner are NOT in same city or town: | | | | | | | |
| by |  | | | | at the |  | |
|  | (deponent’s name) | | | |  | (City, Town, etc.) | |
| of |  | in the | |  | | | |
|  |  |  | | (County, District, Regional Municipality, etc.) | | | |
| of |  | , before me at the | | | | |  |
|  |  |  | | | | | (City, Town, etc.) |
| of |  | in the | |  | | | |
|  |  |  | | (County, District, Regional Municipality, etc.) | | | |
| of |  | , on |  | | | | |
|  | |  | (date) | | | | |
| in accordance with [O. Reg. 431/20](https://www.ontario.ca/laws/regulation/r20431), Administering Oath or Declaration Remotely. | | | | | | | |

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| Commissioner for Taking Affidavits (or as may be) |  | Signature of Deponent |