|  |
| --- |
| ONTARIO |
|  |  |  | Court File Number  |
| (Name of court) | Form 29J: Statement to Garnishee Financial Institution re Support |
| at |       |
|  | Court office address |
| **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).* |
|       |       |
| **Garnishee** |
| *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*) |       |
| The following statements are true to the best of my knowledge: |
| 1. | I am | [ ]  | a recipient under a support order or the support provisions of a domestic contract that is enforceable by this court |
|  | [ ]  | an assignee of a recipient under a support order or the support provisions of a domestic contract |
|  | [ ]  | an agent of the Director of the Family Responsibility Office |
| 2. | The payor’s full name is  | [ ]  |       |
|  | [ ]  | unknown. |
| 3. | The payor commonly uses the name(s): |       |

|  |  |  |  |
| --- | --- | --- | --- |
| **Form 29J :** | **Statement to Garnishee** **Financial Institution re Support** | **(page 2)** | Court File Number  |
|  |  |
|  |
| (*Either paragraph 4 or 5 must be completed. If both known, complete both*) |
| 4. | The payor’s date of birth is  |       |
| 5. | The payor’s social insurance number is  |       |
|       |  |  |
| *Date of signature* | *Signature*  |
| **NOTE:** | *Under rule 29(6.1) of the Family Law Rules, this form (29J) must be attached to Forms 29A, 29B, 29D, 29E, 29G, 29H or 29I when they are served on a bank or other financial institution at a central location. Under regulations made under the federal Bank Act, Cooperative Credit Associations Act and Trust and Loan Companies Act, a notice of garnishment for support payments against a bank or other federally regulated financial institution must be served on a central location established and published by each bank or financial institution.* |