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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| FEE WAIVER REQUEST TO COURT | | | | | | | | | | | | | | | | | | | |
| BY A LITIGATION GUARDIAN FOR A PERSON UNDER DISABILITY | | | | | | | | | | | | | | | | | | | |
| OR A PERSON REPRESENTING A SPECIAL PARTY | | | | | | | | | | | | | | | | | | | |
| *(please print clearly)* | | | | | | | | | | | | | | | | | | | |
| **(a)** | | This is a request for waiver of court and/or enforcement fees with respect to: *(Select one.)* | | | | | | | | | | | | | | | | | |
|  | |  | a proceeding before the *(specify court)* | | | | | |  | | | | | | | | | | |
|  | |  | the enforcement of an order of the *(specify court or administrative tribunal)* | | | | | | | | | | | | | | | | |
|  | |  |  | | | | | | | | | | | | | | | | |
| **(b)** | | Title of proceeding/Name of case: | | | | |  | | | | | | | | | | | | |
| **(c)** | | Court file/Claim number *(if applicable)*: | | | | | |  | | | | | | | | | | | |
| **(d)** | | In support of this request, I, *(full legal name of litigation guardian or person representing special party)* | | | | | | | | | | | | | | | | |  |
|  | |  | | | | | | | | | | | | | | | | | , |
|  | | submit the following affidavit, the | | | | | | | |  | | | | day of | |  | , 20 |  | . |
|  | | | | | | | | | | | | |  | | | | | | |
|  | | | | | | | | | | | | | (Signature of litigation guardian  or person representing special party) | | | | | | |
| (To be completed by registrar or clerk if the requestor is eligible for fee waiver under  s. 4.4(4) or s. 4.7(2) Administration of Justice Act, R.S.O. 1990, c. A.6) | | | | | | | | | | | | | | | | | | | |
| Requestor is eligible for fee waiver under s. 4.4(4) or s. 4.7(2) *Administration of Justice Act*, R.S.O. 1990, c. A.6: | | | | | | | | | | | | | | | | | | | |
|  | | | | Yes |  | No | | | | | | | | | | | | | |
|  |  | | | | | | | | | |  | |  | | | | | |  |
|  | (Date of signature) | | | | | | | | | |  | | (Signature of registrar or clerk of the court) | | | | | |  |
|  | | | | | | | | | | | | | | | | | | | |
| (To be completed by the Court if the requestor is not eligible for fee waiver under  s. 4.4(4) or s. 4.7(2) Administration of Justice Act, R.S.O. 1990, c. A.6) | | | | | | | | | | | | | | | | | | | |
| **This Court orders that** | | | | | | | | | | | | | | | | | | | |
|  | | | | a fee waiver certificate shall be given. | | | | | | | |  | | | a fee waiver certificate shall not be given. | | | | |
| Reasons, if applicable: | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | |  |
|  |  | | | | | | | | | |  | |  | | | | | |  |
|  | (Date of signature) | | | | | | | | | |  | | (Signature of judge, deputy judge or associate judge) | | | | | |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| AFFIDAVIT IN SUPPORT OF FEE WAIVER REQUEST | | | | | | | | | | | | | | | | | | |
| BY A LITIGATION GUARDIAN FOR A PERSON UNDER DISABILITY  OR A PERSON REPRESENTING A SPECIAL PARTY | | | | | | | | | | | | | | | | | | |
| *(PLEASE PRINT CLEARLY)* | | | | | | | | | | | | | | | | | | |
| **1.** | | I, *(full legal name)* | | | | | | | | | | |  | | | | | , of the (City, Town, etc.) |
|  | | of | |  | | | | | | | | | | | | | , : | |
|  | | I make this affidavit in support of this request for waiver of court and/or enforcement fees. | | | | | | | | | | | | | | | | |
| **2.** | | [Select and complete one.] | | | | | | | | | | | | | | | | |
|  | | | | | | | In this proceeding or case, I am or intend to act as | | | | | | | | | | | |
|  | | | | | | | (a) | |  | | | the litigation guardian of a party under disability who is the | | | | | | |
|  | | | | | | |  | |  | | |  | | | | , or intends to become a party, **or** | | |
|  | | | | | | | (b) | |  | | | a person representing a special party under the *Family Law Rules*. | | | | | | |
| **OR** | | | | | | |  | | | | | | | | | | | |
|  | | | | | | | I am or intend to act as | | | | | | | | | | | |
|  | | | | | | | (c) | |  | | | the litigation guardian of a party under disability, **or** | | | | | | |
|  | | | | | | | (d) | |  | | | a person representing a special party under the *Family Law Rules,* | | | | | | |
|  | | | | | | | seeking enforcement of an order of the *(specify court or administrative tribunal)* | | | | | | | | | | | |
|  | | | | | | |  | | | | | | | | | | | |
|  | | | | | | | made in the proceeding or case of *(title of proceeding/name of case)* | | | | | | | | | | | |
|  | | | | | | |  | | | | | | | | | | | |
| **3.** | | My current mailing address and e-mail address, if applicable, are: | | | | | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | | | | | |
|  | | My current telephone number is: | | | | | | | | | | | | | (   )    - | | | |
|  | | | | | | | | | | | | | | | | | | |
| **NOTE:** | | | | | | **The party under disability or the special party under the *Family Law Rules* is the “requestor” for the purposes of paragraphs 4 to 14 and the exhibits. You should complete paragraphs 4 to 14 and the exhibits with information about the requestor.** | | | | | | | | | | | | |
| **4.** | | The requestor requires a court interpreter for a language other than English, French or a visual language: | | | | | | | | | | | | | | | | |
|  | | | | | | | | for the requestor | | | | | | | | | | |
|  | | | | | | | | for witness(es) | | | | | | | | | | |
|  | | | | | | | | no interpreter required | | | | | | | | | | |
| Fee waiver is only available to a party, or person who intends to become a party, in a proceeding or case. | | | | | | | | | | | | | | | | | | |
| **5.** | | The requestor’s court/enforcement fees are being paid by a lawyer under a contingency fee agreement: | | | | | | | | | | | | | | | | |
|  | | |  | | Yes | | | | |  | | | | No | | | | |
| If your answer to paragraph 5 is “Yes”, you are not eligible for a fee waiver. | | | | | | | | | | | | | | | | | | |
| **6.** | Legal Aid Ontario has approved an application for the requestor to receive legal aid services in this case: | | | | | | | | | | | | | | | | | |
|  |  | | | | Yes | | | | | |  | | | No | | | | |
| If your answer to paragraph 6 is “Yes”, do not complete paragraphs 7 to 14. | | | | | | | | | | | | | | | | | | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| AFFIDAVIT IN SUPPORT OF FEE WAIVER REQUEST | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| By a Litigation Guardian for a Person Under Disability or a Person Representing a Special Party | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **7.** | | The primary source of the requestor’s household income is from one or more of the following sources: | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | * income assistance from Ontario Works, | | | | | | | | | | | | | | * income support from Ontario Disability Support Program, | | | | | | | | | | | | |
|  | | * Old Age Security Pension together with the Guaranteed Income Supplement, | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | * War Veterans Allowance, and | | | | | | | | | | | | | | * Canada Pension Plan benefits: | | | | | | | | | | | | |
|  |  | | | Yes | | | | |  | No | | | | | | | | | | | | | | | | | | |
| If your answer to paragraph 7 is “Yes”, only complete paragraph 12. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **8.** | | The number of people in the requestor’s household, including the requestor, the requestor’s spouse and dependent children is: | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | 1 | |  | 2 | |  | 3 |  | 4 | |  | | | 5+ | | | | | | | | |
| **9.** | | The gross annual income of the requestor’s household, from all sources, is: | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | Under $33,100 | | | | | | |  | $33,100-$49,599 | | | | | | |  | $49,600-$57,299 | | | | | |
|  | | | | | | | $57,300-68,699 | | | | | | |  | $68,700-80,199 | | | | | | |  | $80,200 or more | | | | | |
| **10.** | | The total amount of the requestor’s household’s liquid assets is less than $2,800: | | | | | | | | | | | | | | | | | | | | | |  | Yes |  | No | |
| **11.** | | The requestor’s household’s net worth is less than $11,100: | | | | | | | | | | | | | | | | | | | | | |  | Yes |  | No | |
| *If your answers to paragraphs 8-11 indicate that the requestor* ***does*** *meet the prescribed financial eligibility, only complete paragraph 12. However, if your answers to paragraphs 8-11 indicate that the requestor* ***does not*** *meet the prescribed financial eligibility, only complete paragraphs 13 and 14. You can go to Appendix A to learn more about the financial eligibility criteria.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **12.** | | Attached as Exhibit “A” is the financial information section that accurately sets out the requestor’s estimated annual income. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **13.** | | Attached as Exhibit “B” is a detailed financial statement that accurately sets out the requestor’s household’s estimated annual income, expenses and assets. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **14.** | | Attached as Exhibit “C” is a copy of *(select one)*: | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | the first document I filed or wish to file in this proceeding that sets out the requestor’s position in the case (for example, statement of claim or application; statement of defence, answer). | | | | | | | | | | | | | | | | | | | | | | | | | |
| **OR** | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | the order the requestor wishes to enforce or continue enforcing. | | | | | | | | | | | | | | | | | | | | | | | | | |
| This information is accurate to the best of my knowledge and belief. I agree to provide financial information and records, if requested, to confirm the information in this Request Form. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| BEFORE ME AT the (City, | | | | | | | | | | | | | | | | | | |  | |  | | | | | | | |
| Town, etc.) of | | | | | | | |  | | | | | | | | | | |  | |  | | | | | | | |
| on *(date)* | | | | | |  | | | | | | | | | | | | . |  | |  | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |  | | (Signature of litigation guardian or person representing a special party) | | | | | | | |
| COMMISSIONER FOR TAKING AFFIDAVITS (or as may be) | | | | | | | | | | | | | | | | | | |  | |  | | | | | | | |
|  | | | | | WARNING: | | | | | | IT IS AN OFFENCE UNDER THE *CRIMINAL CODE* TO KNOWINGLY SWEAR OR AFFIRM A FALSE AFFIDAVIT | | | | | | | | | | | | | | | | |  |
| **NOTE:** | | | For more information on **fee waiver**, please contact your local court or enforcement office. A listing of court addresses can be found on the Ministry of the Attorney General website at: [www.ontario.ca/locations/courts](http://www.ontario.ca/locations/courts). Please remember that court and enforcement staff cannot complete the forms for you or give you legal advice about your case. | | | | | | | | | | | | | | | | | | | | | | | | | |
| Personal information contained on this form is collected under the authority of ss. 4.4 and 4.7 of the *Administration of Justice Act*, R.S.O. 1990, c. A.6. This information will be used to determine fee waiver eligibility. By signing this form, you agree to provide supporting financial documentation and records if requested to do so by the Ministry of the Attorney General, which would be used to confirm the information you provide in this form. If you have any questions regarding the **collection of personal information** for fee waiver requests, please contact the Operational Support Branch, Ministry of the Attorney General, 720 Bay Street, 2nd floor, Toronto, ON M7A 2S9, (416) 326-1028. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| --- | --- | --- | --- | --- | --- | --- | --- |
| EXHIBIT “A” | | | | | | | |
| Exhibit “A” to the affidavit of | | | | | | | |
|  |  | | | , this | | | |
|  |  | day of |  | | , 20 |  | . |
|  |  | | | | | | |
|  | Commissioner for taking Affidavits (or as may be) | | | | | | |

|  |
| --- |
| **Financial information** |
| Attach one of the following proof of income documents for each of the requestor and the requestor’s spouse. Indicate below which you have provided.  If the requestor and their spouse are currently living apart and no longer in a relationship, you do not have to provide information and documents for the spouse.   |  |  |  | | --- | --- | --- | | **Requestor** | **Spouse** |  | |  |  | income tax return or notice of assessment for the most recent tax year | |  |  | most recent statement of earnings from the requestor’s/the requestor’s spouse’s employer or their three most recent pay stubs | |  |  | most recent statement of income showing income from employment insurance, social assistance, a pension, workers compensation or disability payments. | |
| **OR** |
| **If you aren’t able to provide the court with proof of income documents,** please explain why and fill out the table below.   |  | | --- | |  | |  | |
| Fill out the table below, estimating the gross amount of annual income that the requestor and their spouse received in the last year from each of the listed sources.  If the requestor and their spouse are currently living apart and no longer in a relationship, you do not have to provide information for their spouse.   |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | |  |  | **Requestor’s income** | | **Requestor’s spouse’s income** | | **Other household members’ income** | | |  | Employment | $ |  | $ |  | $ |  | |  | Pension | $ |  | $ |  | $ |  | |  | Dividends | $ |  | $ |  | $ |  | |  | Interest | $ |  | $ |  | $ |  | |  | Support received (child and spousal) | $ |  | $ |  | $ |  | |  | Other (*please specify*): | $ |  | $ |  | $ |  | |  | **Estimated gross annual income** (for each person) | $ |  | $ |  | $ |  | |  | **Total** (estimated gross annual household income) | $ |  |  | | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| EXHIBIT “B” | | | | | | | | | | | | | | |
| Exhibit “B” to the affidavit of | | | | | | | | | | | | | | |
|  | | |  | | | | | | , this | | | | | |
|  | | |  | | | day of |  | | | | , 20 |  | | . |
|  | | |  | | | | | | | | | | | |
|  | | | Commissioner for taking Affidavits (or as may be) | | | | | | | | | | | |
| DETAILED FINANCIAL STATEMENT | | | | | | | | | | | | | | |
| **1.** | **HOUSEHOLD** | | | | | | | | | | | | | |
|  | Besides the requestor, the following individuals make up the requestor’s household:  *(If the requestor is married but living separate and apart from their spouse due to a breakdown in the Relationship, do not include the spouse in the household.)* | | | | | | | | | | | | | |
|  | **Name of individual** | | | | **Relationship** | | | | | **Age** | | |  | |
|  |  | | | |  | | | | |  | | |  | |
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|  |  | | | |  | | | | |  | | |  | |
| **2.** | **ESTIMATED NET ANNUAL HOUSEHOLD INCOME** | | | | | | | | | | | | | |
|  | [Attach copies of documents proving the requestor’s income – for example, most recent pay stubs, income tax returns and T-4 slips, benefit statements.] | | | | | | | | | | | | | |
|  | Estimated net annual household income from all sources (i.e., the income remaining after non-voluntary deductions such as income tax and union dues): | | | | | | | | | | | | | |
|  | Employment | $ | |  | | | |  | | | | | | |
|  | Pension | $ | |  | | | |  | | | | | | |
|  | Dividends | $ | |  | | | |  | | | | | | |
|  | Interest | $ | |  | | | |  | | | | | | |
|  | Support received (child and spousal) | $ | |  | | | |  | | | | | | |
|  | Other *(please specify)* |  | |  | | | |  | | | | | | |
|  |  | $ | |  | | | |  | | | | | | |
|  | **TOTAL (Estimated net annual household income)** | **$** | |  | | | |  | | | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **3.** | **ESTIMATED ANNUAL HOUSEHOLD EXPENSES** | | | |
|  | [Attach copies of receipts for the following:] | | | |
|  | Annual expenses related to housing  (e.g., rent, mortgage payments) | $ |  |  |
|  | Annual expenses related to transportation  (e.g., train passes, automotive maintenance) | $ |  |  |
|  | Annual expenses related to household  (e.g., utilities, maintenance) | $ |  |  |
|  | Annual expenses related to medical and dental | $ |  |  |
|  | Other personal annual expenses  (e.g., food, clothing) | $ |  |  |
|  | Other annual expenses, not included in above, related to dependent children *(please specify)* |  |  |  |
|  |  | $ |  |  |
|  | Annual debt payments *(please specify)* |  |  |  |
|  |  | $ |  |  |
|  | **TOTAL (Estimated annual household expenses)** | **$** |  |  |
| **4.** | **HOUSEHOLD ASSETS** | | | |
|  | [Specify all assets, including liquid assets (e.g., bank accounts, RRSPs) and non-liquid assets (an asset that cannot readily be converted to cash, e.g., real property) and set out their estimated value.] | | | |
|  | **Asset** | **Value** | |  |
|  |  | $ |  |  |
|  |  | $ |  |  |
|  |  | $ |  |  |
|  |  | $ |  |  |
|  |  | $ |  |  |
|  |  | $ |  |  |
|  |  | $ |  |  |
|  |  | $ |  |  |

|  |  |  |
| --- | --- | --- |
| **5.** | **ADDITIONAL FINANCIAL INFORMATION** | |
|  | **Note:** | This section is **optional.** Complete it only if you would like to provide relevant information about the requestor’s financial circumstances that has not already been set out in this affidavit. |
|  | [Attach copies of any documents you have that prove the financial information you provide below.] | |
|  | I feel that the following information about the requestor’s financial situation, which has not already been mentioned in this affidavit, is important to this request for fee waiver: | |
|  |  | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| EXHIBIT “C” | | | | | | | |
| Exhibit “C” to the affidavit of | | | | | | | |
|  |  | | | , this | | | |
|  |  | day of |  | | , 20 |  | . |
|  |  | | | | | | |
|  | Commissioner for taking Affidavits (or as may be) | | | | | | |
| [Attach either a copy of the first document you filed or wish to file in this proceeding that sets out the requestor’s position in the case (for example, statement of claim or application; statement of defence, answer), or a copy of the order the requestor wishes to enforce or continue enforcing, as appropriate.] | | | | | | | |

APPENDIX “A”

|  |  |  |
| --- | --- | --- |
| Fee waiver eligibility criteria for automatic entitlement – gross annual household income and assets | | |
| **Criteria** | | **Maximum amount** |
| **Gross annual household income** *Gross annual household income is the total amount of money that all of the members of the requestor’s household earn in a year, before taxes or deductions* | 1 person in the household | $33,100 |
| 2 people in the household | $49,600 |
| 3 people in the household | $57,300 |
| 4 people in the household | $68,700 |
| 5 or more people in the household | $80,200 |
| **Household liquid assets** *Household liquid assets are any assets owned by the members of the requestor’s household that are money or can readily be converted into money, such as stocks, bonds, RRSPs or GICs that are not locked in.* | | $2,800 |
| **Household net worth** *Household net worth is the value of all assets owned by the members ofthe requestor’s household, minus the amount of all their debts and other financial liabilities.* | | $11,100 |

For more information about fee waivers and instructions on filling out this form, ask for a guide in your local courthouse or visit [www.ontario.ca/page/have-your-court-fees-waived](http://www.ontario.ca/page/have-your-court-fees-waived).