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| ONTARIO | | | | | | | | | | | | | |
|  | | | | | | | | | | |  | Court File Number | |
| (Name of court) | | | | | | | | | | | Form 26A: Affidavit of Enforcement Expenses | |
| **at** |  | | | | | | | | | |
|  | Court office address | | | | | | | | | |
| dated | | | | | | | | | | | | |  |
| 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). | | | |
|  | | | | | | | | |  |  | | | |
|  |
| **My name is** | | | | | (full legal name) | |  | | | | | | |
| **I live in** | | | (municipality & province) | | | | |  | | | | | |
| **and I that the following is true:** | | | | | | | | | | | | | |
| **1.** | | I am | |  | | a person entitled to money under an order or a domestic contract that is enforceable in this court. | | | | | | | |
| Attach copy of order, contract or agreement | | | |  | | child’s custodian or guardian entitled to money for the child’s benefit under an order or a domestic contract that is enforceable in this court. | | | | | | | |
|  | | an assignee of a person or of a child’s custodian or guardian entitled to money under an order or a domestic contract that is enforceable in this court. | | | | | | | |
|  | | an agent of the Director of the Family Responsibility Office. | | | | | | | |
|  | | | |  | | *(Other; specify.)* | | | | | | | |
|  | | | |  | |  | | | | | | | |
| **2.** | | To enforce the order or domestic contract, I took the following steps for which I am claiming costs under the rules of the court: | | | | | | | | | | | |
|  | | | |  | | A financial examination of the payor was carried out. | | | | | | | |
|  | | | |  | | A writ of seizure and sale was issued, filed and enforced. | | | | | | | |
|  | | | |  | | A notice of garnishment was issued, served, filed and enforced. | | | | | | | |
|  | | | |  | | A writ of seizure and sale was changed by way of a statutory declaration. | | | | | | | |
|  | | | |  | | A notice of garnishment was changed by way of a statutory declaration. | | | | | | | |
|  | | | |  | | *(Other; specify.)* | | | | | | | |
|  | | | |  | |  | | | | | | | |
| Put a line through any blank space left on this page. | | | | | | | | | | | | | |

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| Form 26A: | | | | | Affidavit of Enforcement Expenses | | | | | (page 2) | | | |  | | Court File Number | |
|  | | | | |  | | | | |  | | | |
|  | | | | | | | | | | | | | | | | | |
| **3.** | | The details of my claim are as follows: *(For each item of expense, give the date when it was paid and the amount. Where receipts are available, please attach them and identify them in numbered sequence.)* | | | | | | | | | | | | | | | |
| **item of expense** | | | | | | | | | **date** | | | | | | **Amount** | | **Receipt No.** |
|  | | | | | | | | |  | | | | | |  | | **1** |
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| If you need more space, you may attach extra sheets and number them. | | | | | | | | | | | | | | | | | |
| before me at | | | | | |  | | | | |  |  |  | | | | |
|  | | | | | | municipality | | | | |  |  |  | | | | |
| in |  | | | | | | | | | |  |  |  | | | | |
|  | province, state or country | | | | | | | | | |  |  |  | | | | |
| on | | | |  | | |  |  | | |  |  | Signature (This form is to be signed in front of a lawyer, justice of the peace, notary public or commissioner for taking affidavits.) | | | | |
|  | | | date | | | |  | Commissioner for taking affidavits  (Type or print name below if signature is illegible.) | | |  |  |