

FORM A
FAMILY PRACTICE DIRECTIVE #8

COURT FILE NUMBER _____

COURT OF KING'S BENCH FOR SASKATCHEWAN
(FAMILY LAW DIVISION)

JUDICIAL CENTRE _____

PETITIONER _____

RESPONDENT _____

APPLICATION PURSUANT TO THE *FAMILY ORDERS AND AGREEMENTS ENFORCEMENT ASSISTANCE ACT* FOR INFORMATION IN RELATION TO AN APPLICATION TO ESTABLISH OR VARY A SUPPORT PROVISION

NOTICE TO RESPONDENT [or PETITIONER], _____. _____
(name)

1. *Select the one that applies:*

This application is being made by the petitioner, _____. You are the respondent. (or This application is being made by the respondent, _____. You are the petitioner.)

You have the right to state your side of this matter before the Court. To do so, you must be in Court when the application is heard as shown below:

Where _____

Date _____

Time _____

(Read the Notice at the end of this document to see what else you must do and when you must do it.)

This application is made by the petitioner, _____, WITHOUT NOTICE. (or This application is being made by the respondent, _____, WITHOUT NOTICE.) Reasonable steps have been taken to locate the person in respect of whom the applicant is seeking to have a support provision established or varied and that person has not been located. Details of those steps are included in the affidavit filed with this application.

2. The applicant makes this application pursuant to section 7 of the *Family Orders and Agreements Enforcement Assistance Act* (Canada) for an order under section 10 to authorize an official of the Court to apply for the release of information under section 12 of that Act relating to _____

(Name of person)

for the purpose of establishing or varying a support provision.

3. The applicant also makes an application for an order under subsection 13(3) of the *Family Orders and Agreements Enforcement Assistance Act* (Canada) that upon receipt of the information by the Court, that the information be disclosed to _____ for the purpose of the
(*Name of person to release information to*)
application to establish or vary a support provision.

4. The applicant makes this application to obtain an order to authorize an official of the Court to apply to release of information for the following reason:

to establish a support provision.
 to vary an existing support provision set out by order of _____ dated
_____.

5. The following is the information of the person whose information is required:

- a. Surname (required): _____
- b. Given name (required): _____
- c. Other given name(s) (if known): _____
- d. Date of birth (required): _____
- e. Gender (required): _____
- f. Phone number (if known): _____
- g. Email address (if known): _____
- h. Social Insurance Number (if known): _____
- i. Surname at birth of both parents (if known): _____

6. The following information is sought for the purpose of establishing or varying the support provision (*select those that apply*):

The address of the person
 The name and address of their employer
 Income Tax and Benefit Return (T1)
 Schedules under the TI (*please select which schedule(s) are being requested*)
 T1 Schedule 1 – Federal Tax
 T1 Schedule 2 – Federal Amounts Transferred from your spouse or Common-Law Partner
 T1 Schedule 3 – Capital Gains (or Losses)
 T1 Schedule 4 – Statement of Investment Income
 T1 Schedule 5 – Amounts for Spouse or Common-Law Partner and Dependents
 T1 Schedule 6 – Canada Workers Benefit
 T1 Schedule 7 – RRSP, PRPP, and SPP Unused Contributions, Transfers, and HBP or LLP Activities
 T1 Schedule 8 – Canada Pension Plan Contributions and Overpayment

- T1 Schedule 9 – Donations and Gifts
- T1 Schedule 10 – Employment Insurance (EI)
- T1 Schedule 11 – Federal Tuition, Education, and Textbook Amounts and Canada Training Credit
- T1 Schedule 12 – Home Expense Accessibility
- T1 Schedule 13 – Employment Insurance Premiums on Self-Employment and Other Eligible Earnings
- T1 Schedule 14 – Climate Action Incentive

For non-resident and deemed residents:

- T1 Schedule A – Statement of World Income Non-Residents of Canada
- T1 Schedule B – Allowable Amount of Non-Refundable Tax Credits Non-Residents of Canada
- T1 Schedule C – Electing under Section 217 of the Income Tax Act Non-Residents of Canada

7. The above noted financial information is required for the following taxation(s) year(s): _____

8. *If applicable add:* This application is made without notice and the applicant requests that the Court order that the Minister of Justice Canada shall not send a copy of the order authorizing the making of the application and a notice informing the respondent that the information will be released, pursuant to section 11 of the *Family Orders and Agreements Enforcement Assistance Act*. The request is made for the following reasons:

9. Material evidence to be relied on:

10. The applicable rules are:

11. The applicable Acts and regulations are:

12. Draft orders setting out the precise relief or remedy sought are attached in accordance with Family Practice Directive #8.

DATED at _____, Saskatchewan, this _____ day of _____,
2_____.

(Signature of Party or Party's Lawyer)

NOTICE IF APPLICATION MADE WITH NOTICE

If you wish to oppose the application, you or your lawyer must prepare an affidavit in response, serve a copy at the address for service given at the end of this document, and file it in the court office, with proof of service, at least 7 days before the date set for hearing the application. You or your lawyer must also come to Court for the hearing of the application on the date set.

AND FURTHER TAKE NOTICE that if you do not appear at the hearing, an order may be made in your absence and enforced against you.

YOU WILL NOT RECEIVE FURTHER NOTICE OF THIS APPLICATION.

CONTACT INFORMATION AND ADDRESS FOR SERVICE

If prepared by a lawyer for the party

Name of firm: _____

Name of lawyer in charge of file: _____

Address of legal firm: _____

(set out the street address)

Telephone number: _____

Fax number (*if any*): _____

E-mail address (*if any*): _____

or

If the party is self-represented

Name of party: _____

Address for service: _____

(set out the street address)

Telephone number: _____

Fax number (*if any*): _____

E-mail address (*if any*): _____