

Supreme Court of Nova Scotia
(Family Division)

Between: [copy standard heading]

[name]

[Applicant/Petitioner]

and

[name]

Respondent

Statement of Contact Information and Circumstances

Please complete all sections regarding your case. Please print in ink.
You may discuss the shaded sections for contact information and service directions with a court officer before completing these sections.

Section A	Information about you. (APPLICANT)	Information about the person against whom you are making this application. (RESPONDENT)
Name	Last Name: First Name: Middle Name: Other/Previous Names:	Last Name: First Name: Middle Name: Other/Previous Names:
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Birth Date	Day ____ Month _____ Year _____	Day ____ Month _____ Year _____
Telephone Email Fax	Home Business Message Other Email Fax	Home Business Message Other Email Fax

Address	P.O. Box Apt. No. Street City/Town Province Postal Code Special Directions to Accommodate Service of Documents:	P.O. Box Apt. No. Street City/Town Province Postal Code Special Directions to Accommodate Service of Documents:
Legal Counsel	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe If yes: Lawyer's Name: Firm Name: Address: Phone: Email: Fax:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe If yes: Lawyer's Name: Firm Name: Address: Phone: Email: Fax:
Current Marital Status	<input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Common law relationship <input type="checkbox"/> Single	<input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Common law relationship <input type="checkbox"/> Single
Income	<input type="checkbox"/> Employment Income (salary/wages) <input type="checkbox"/> Commission/Bonuses/Overtime <input type="checkbox"/> Self-employed <input type="checkbox"/> Income from a Partnership/Corporation <input type="checkbox"/> Employment Insurance <input type="checkbox"/> Social Assistance/Family Benefits <input type="checkbox"/> Worker's Compensation <input type="checkbox"/> Pension Income <input type="checkbox"/> Income from a Trust <input type="checkbox"/> Other Explain:	<input type="checkbox"/> Employment Income (salary/wages) <input type="checkbox"/> Commission/Bonuses/Overtime <input type="checkbox"/> Self-employed <input type="checkbox"/> Income from a Partnership/Corporation <input type="checkbox"/> Employment Insurance <input type="checkbox"/> Social Assistance/Family Benefits <input type="checkbox"/> Worker's Compensation <input type="checkbox"/> Pension Income <input type="checkbox"/> Income from a Trust <input type="checkbox"/> Other Explain:

Occupation	Occupation	Occupation
	Employer Information	Employer Information
	Name:	Name:
	Address:	Address:
	Phone Number:	Phone Number:
	Email:	Email:
	Fax:	Fax:
	<input type="checkbox"/> Other Places of Employment	<input type="checkbox"/> Other Places of Employment

Section B	Relationship Between Applicant and Respondent
<input type="checkbox"/> Married Date of Marriage: Date of Separation:	
<input type="checkbox"/> Common Law Date common-law relationship began: Date of Separation:	
<input type="checkbox"/> Divorced Date of Divorce Judgment:	
<input type="checkbox"/> Single	
<input type="checkbox"/> Parent of Applicant's Child	
<input type="checkbox"/> Other Explain:	

Section C	List below the full names and dates of birth of all children who are the subject of this Application.			
Last Name	Given Names (underline name used)	Date of Birth	Gender (M/F)	Presently Living With:

Section D	Most Recent Court Order or Written Agreement
<p>Most Recent Court Order (if any):</p> <p> Date Issued:</p> <p> Court:</p> <p> File Number:</p> <p>Most Recent Written Agreement (if any):</p> <p> Date:</p>	