

# GENERAL TESTIMONY

CANADA FORM

NAME OF PETITIONER: \_\_\_\_\_

Petitioner is:  Obligee  Caretaker Other than Parent  
 Obligor  Court Appointed Caretaker

NAME OF RESPONDENT: \_\_\_\_\_

Respondent is:  Obligee  Caretaker Other than Parent  
 Obligor  Court Appointed Caretaker

File Stamp

To: \_\_\_\_\_ Canada Case No. \_\_\_\_\_

From: \_\_\_\_\_ US Case No. \_\_\_\_\_

Telephone:  
e-mail:

Fax:

\_\_\_\_\_ being duly sworn, under penalties of perjury, testifies as follows:

Name (First, Middle, Last)

## 1. Personal Information About Child(ren)'s Mother

Full Name (First, Middle, Last; include nickname, alias)		
Mother is: <input type="checkbox"/> Obligee <input type="checkbox"/> Obligor		
Home Address <input type="checkbox"/> Confirmed _____ (date)	National Identity No./ U.S. Social Security No.	Date of Birth
	Home Phone	Work Phone
If the mother is the obligor, provide her employer's name & address:  <input type="checkbox"/> Confirmed _____ (date)	Occupation, Trade or Profession	
Present Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Living with Non-Marital Partner <input type="checkbox"/> Divorced <input type="checkbox"/> Legally Separated <input type="checkbox"/> Separated <input type="checkbox"/> Unknown		

## 2. Personal Information About Child(ren)'s Father

Full Name (First Middle Last; include nickname, alias)			
Father is: <input type="checkbox"/> Obligee <input type="checkbox"/> Obligor			
Home Address <input type="checkbox"/> Confirmed _____(date)	National Identity No./Social Security No.	Date of Birth	
	Home Phone	Work Phone	
If the father is the obligor, provide his employer's name & address:  <input type="checkbox"/> Confirmed _____(date)		Occupation, Trade or Profession	
Present Marital Status			
<input type="checkbox"/> Married		<input type="checkbox"/> Single	
<input type="checkbox"/> Divorced		<input type="checkbox"/> Legally Separated	
		<input type="checkbox"/> Living with Non-Marital Partner	
		<input type="checkbox"/> Separated <input type="checkbox"/> Unknown	

## 3. Personal Information About Caretaker Other than Parent

Full Name (First Middle Last; include nickname, alias)			
Caretaker's Relation to Child is:			
Home Address <input type="checkbox"/> Confirmed _____(date)	National Identity No.	Date of Birth	7. Sex
	Date Child(ren) began residing with caretaker:	Home Phone ( )	Work Phone ( )

## 4. Legal Relationship of Parents

- Never married to each other
- Married on \_\_\_\_\_ in \_\_\_\_\_  
Date County/State/Nation
- Married by common law for the period \_\_\_\_\_ in \_\_\_\_\_  
Dates County/State/Nation
- Divorced on \_\_\_\_\_ in \_\_\_\_\_  
Date County/State/Nation
- Legally separated on \_\_\_\_\_ in \_\_\_\_\_  
Date County/State/Nation
- Separated on \_\_\_\_\_
- Divorce pending in \_\_\_\_\_

[ ] Other \_\_\_\_\_

- The name and location of the tribunal in divorce, legal separation or support order actions:

**5. Dependent Child(ren) in this Action** (List only obligor's (named on page 1) child(ren).

Reproduce this section if there are more than 2 children.

The child(ren) named below began residing in initiating nation on \_\_\_\_\_

Month/Year

Full Name (First, Middle, Last)	Date of Birth Sex:
Address	Paternity Established? [ ] Yes [ ] No
	Support order Established [ ] Yes [ ] No
National Identity #/ U.S. Social Security #	Lives with Petitioner? [ ] Yes [ ] No

Full Name (First, Middle, Last)	Date of Birth Sex:
Address	Paternity Established? [ ] Yes [ ] No
	Support order Established [ ] Yes [ ] No
National Identity #/ U.S. Social Security #	Lives with Petitioner? [ ] Yes [ ] No

**Non-Disclosure:** Would the health, safety or liberty of the petitioner or child(ren) be unreasonably put at risk by the disclosure of any of the above identifying information? [ ] No [ ] Yes, If Yes, attach a "non-disclosure finding" which may be an existing order or finding, which may be made ex parte, that the health, safety or liberty of the petitioner or child(ren) would be unreasonably at risk. If such an order or finding exists the tribunal shall order that the address of the child or party or other identifying information not be disclosed in a pleading or other document filed in this proceeding.

**6. Medical Insurance**

- Are the obligee and dependent children listed in Section 5 covered by medical insurance provided by the obligor, or his/her current employer? [ ] Yes [ ] No [ ] Unknown
- Do any of the obligor's children have special needs or extraordinary medical expenses not covered by insurance? [ ] No [ ] Yes, If Yes please indicate the child involved and the type of special needs/extraordinary medical expenses and the related costs. Attach proofs.
- Medical coverage for the obligee and dependent children listed in Section 5 is presently provided by:
- The monthly cost paid by the obligee for medical insurance for the obligor's children is\_\_\_\_\_.
- Obligee can purchahse needed medical insurance at a monthly cost of:

## 7. Direct Payment/ Possession Information

- \$ Has the obligor ever made direct payments to the obligee:  No  Yes, if "Yes" please attach an affidavit from the obligee which states the dates and amounts of direct payments received.
- Did the child(ren) reside with the obligor at any time during the period for which support is sought, except during periods of visitation specified by a tribunal's order?  No  Yes, If "Yes", Identify the period during which the children resided with the obligor: From: \_\_\_\_\_ Through: \_\_\_\_\_
  - Does a support order exist?  No  Yes. Complete section 7 "Detailed Payment Information about Existing Support Order"

### 7a. Basis for Modification

Is the petitioner requesting the modification of an order  No  Yes, a modification of an order is being requested and the basis for the request for a modification is indicated below.

- The earnings of the obligor have substantially increased or decreased.
- The earnings of the obligee have substantially increased or decreased.
- The needs of a party or of the child(ren) have substantially increased or decreased.
- The relevant national cost of living has changed.
- The child(ren) have extraordinary medical expenses not covered by insurance.
- The child(ren) receive (or have received) public assistance/welfare.
- There has been a substantial change in child care expenses.
- Other, Explain \_\_\_\_\_

## 8. Obligee's Public Assistance Information

If no public assistance is/was paid to the obligee, check here  and skip to section 9.

- Is the obligee currently receiving public assistance?  No  Yes, and the monthly amount is: \_\_\_\_\_
- Period during which the obligee was paid public assistance:  
From \_\_\_\_\_ to \_\_\_\_\_ by \_\_\_\_\_  
First month/year last month/year jurisdiction (state/province/etc)
- Total amount of public assistance paid: \_\_\_\_\_ As of \_\_\_\_\_ (Date).
- Public medical assistance related to prenatal, postnatal, or general expenses was paid in the amount of \_\_\_\_\_ by \_\_\_\_\_.  
Agency

## 9. Financial Information (As required by responding jurisdiction)

The amounts shown in the following tables are in  US dollars  
 other currency (specify): \_\_\_\_\_

### GROSS MONTHLY INCOME:

	Petitioner	Petitioner's Current Spouse/Partner	Children for whom support is sought in this petition
Wages, salary			
Regularly received overtime, commissions, tips, bonuses			
Disability payments			
Retirement payments			

Unemployment/ redundancy payments			
Spousal maintenance			
Other income/payments (explain)			
<b>Total Gross Monthly Income</b>			

**DEDUCTIONS FROM INCOME:**

	<b>Petitioner</b>	<b>Petitioner's Current Spouse/Partner</b>	<b>Children for whom support is sought</b>
Medical Insurance			
National/Federal Income tax			
State/Province Income tax			
City/Local Income Tax			
Other Income Tax (explain)			
Mandatory Retirement			
Other (explain)			
<b>Total: Deductions</b>			

**PRIOR YEAR'S GROSS INCOME**

Year:			
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**PETITIONERS MONTHLY HOUSEHOLD EXPENSES**

	<b>Petitioner</b>	<b>Child(ren) For Whom Support Is Sought</b>
Rent/ Mortgage		
Utilities		
Food		
Medical Expenses/ Insurance		
Uninsured/ Extraordinary Medical Expenses		
Transportation		
Child Care		
Other Maintenance payments		
Other (explain)		
<b>Total Monthly Expenses</b>		

**INFORMATION ABOUT THE PETITIONERS ASSETS**

Real Estate	Address & description	Value
Pension/Retirement Plan or Account	Value & Location	
Savings Account	Balance & Location	
Checking Account	Balance & Location	
Other Financial Instruments	Value	

Vehicle/boat/plane (make/model/year)	Purchase Price/amount owned	Estimated value
Vehicle/boat/plane (make/model/year)	Purchase Price/amount owned	Estimated value

**10. OTHER PERTINENT INFORMATION:** (Attach additional sheets if necessary). (For example, information about current spouses/partners, their income, other dependants)

**11. Attachments and Certification**

The following are attached and incorporated by reference:

- The required number of copies of all maintenance orders for the case.
- Copy of the certified maintenance payment records.
- Copies of bills for prenatal, postnatal and general health care of mother and child.
- Assignment or subrogation of maintenance rights.
- Copy of child(ren)'s birth certificate(s).
- Acknowledgment of parentage.
- Genetic Test Results
- Other: \_\_\_\_\_

**CERTIFICATION**

I \_\_\_\_\_ have provided the information in this General Testimony and in the attachments indicated above. Subject to the penalties for providing false information under the laws of \_\_\_\_\_,

I swear that the information provided herein is true and correct to the best of my knowledge.

\_\_\_\_\_  
(signature) (date)

U.S. petitioners must have testimony notarized.

\_\_\_\_\_  
Sworn to and Signed Before Me This Date, County, State, Nation

\_\_\_\_\_  
Notary Public, Court/Agency  
Official and Title

\_\_\_\_\_  
Commission Expires